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ART. I.—*Ununited Fracture of the Leg—Brainard's Operation.* By FREDERIC D. LENTE, M. D., Surgeon to the West Point Foundry.

B. C., aged 31, moulder. Patient, who is a resident of a neighboring village, sustained an injury of the left leg on the first of February, 1855, in consequence of a heavy block of ice falling on it. There was a contused wound about the middle of the anterior aspect of the leg, and the whole limb below the knee-joint was much bruised. It soon became greatly swollen and inflamed; the physician who was called in could not discover any fracture at the principal seat of injury, but said the bone was "cracked slightly" just above the ankle-joint, at which point, patient states he felt no inconvenience. The limb was treated as for severe contusion, and no splints were applied. Several weeks afterward, the swelling and inflammation consequent on so severe an injury having subsided, it was clearly ascertained that a point of motion existed at about the middle of the leg. Patient was advised by his attendant to go about on crutches, and to bear some weight on the injured limb, in the hope that ossific union might thus be induced. This treatment produced considerable pain, and some inflammation about the seat of fracture, but, after having been duly persisted in for some weeks without the desired effect, patient became discouraged, and concluded to apply to me.

It has now been over three months since the receipt of the injury; the limb is a little swollen from its depending position and exercise, the patient still going about with a crutch and stick. A well-marked false point of motion exists just below the middle

of the leg, and the sharp end of the lower fragment can be seen, as motion is made antero-posteriorly, tilting up under the skin; motion in a lateral direction is more limited. The fibula, if it was fractured, as is probable, has united. The direction of the fracture, which is very oblique, is from above downward, and from without inward. There is no crepitus, and passive motion, unless excessive, gives no pain. The general condition of the patient is good. There is a small ulcer nearly healed situated on the anterior surface of the leg, and over the lower extremity of the fracture, surrounded by a quite extensive cicatrix, the result of the injury to the soft parts at the time of the accident. The ankle-joint is rigid, and the foot in a state of partial extension, in consequence, no doubt, of the position in which it has been kept for so long a time.

May 20. To-day, rubbed the ends of the bone forcibly together, causing the patient considerable pain, but not more, he says, than he has previously felt from attempting to use the limb; put on the straight apparatus used for fracture of the thigh, and applied extension with the screw, with a view to assist in bringing on vascular action and restoring, as far as possible, the normal position of the fractured surfaces, also using firm lateral pressure by pads on either side of the limb. Also put the patient on the use of blue pill.

21*st*. To-day, commenced the use of electricity by means of a rotary magneto-electric apparatus, first introducing acupuncture needles to the periosteum, on either side of the fracture; having used this method with success in three similar cases, the particulars of which were published in the *New York Journal of Medicine* some five years ago.

23*d*. To-day, removed the straight apparatus, again rubbed together the ends of the bone, applied the electricity, and placed the limb in the "starched apparatus."

26*th*. To-day, removed a portion of the starched splint just opposite the seat of fracture, so as to make a *fenestrum*, and applied the electricity, using the needles as before. Patient allowed to walk about with a crutch and stick, but enjoined not to bear *any weight* on the injured limb.

June 22. To-day removed the apparatus, and found, to my disappointment, that the condition of the fracture had not been at

all improved by the treatment. The acupuncture has been regularly continued with the electricity, first every day and then on alternate days. The pil. hydr. was continued until the gums were slightly touched. Patient has also been taking phosphate of lime.

25*th*. Having determined upon trying Prof. Brainard's plan of drilling the bones, the operation was performed to-day. An incision having been made to the bone as small as possible on the inner aspect of the tibia (upper fragment) a small sized drill was passed through into the lower fragment in several directions, upward, across, and downward; in two instances, passing entirely through both fragments into the soft parts beyond. Patient complained of very little pain. Limb put up loosely in an immovable splint, and patient directed to move about on crutches, touching the foot lightly on the ground with a view to favor the occurrence of vascular action in the bone.

27*th*. Very little evidence of action in the bone. The incision not having entirely healed, the drill was reintroduced to-day, and passed in two directions through the fragments. Some pain was complained of in withdrawing the drill from the second puncture. Replaced the limb in the immovable apparatus with a *fenestrum* opposite the seat of operation.

July 6. Two days after the last operation, patient having then returned home, the limb, about the seat of injury, became hot and painful, and has continued so to the present time, patient, in the mean time, keeping very quiet. At one time there was considerable constitutional disturbance, which has, however, subsided. Patient, supposing that the pain and other symptoms were only evidences of the success of the operation, neglected to loosen the bandage or to apply earlier to me. To-day, upon removing the dressings through the fenestrum without disturbing the apparatus as a whole, there was found to be great tumefaction of the soft parts, and a loggy, œdematous feel. Directed to leave the part exposed and to apply cloths wet with cold water.

7*th*. To-day, a small opening has formed at the seat of the cicatrix before alluded to, and the whole cicatrix, the size nearly of a twenty-five cent piece, threatens to give way. There is also distinct fluctuation about the puncture, which has healed, and above this point. A second opening was therefore made here

through the recently formed cicatrix, and the opening in the other cicatrix enlarged slightly. Both openings gave exit to a considerable quantity of grumous blood, and ill-conditioned pus. R.—Yeast poultice.

9th. Appearance much improved. R.—Ung. bals. Peru.

11th. Pointing of matter just over the line of fracture between the two former openings; punctured, and gave exit to pus mingled with grumous blood. Probe detects no communication with bone. Apply immovable splint loosely.

26th. The ulcers have now all cicatrized except a small point scarcely admitting the point of a probe at the situation of the first puncture; there is little or no discharge from this, and the limb has not been examined for four days. Patient having been allowed to return home for the past few days.

August 23. Examined the limb to-day, and find it but little improved. There seems to be rather less mobility at the lower part of the fracture.

31st. To-day, repeated the operation. There was more sensibility in the bone, and hemorrhage to the amount of near half an ounce proceeded from the puncture.

Sept. 2. The puncture has healed. There is a little heat and swelling about the fracture.

Dec. 23. Since last date the apparatus has been kept on, and patient has been at home attending to his business of keeping a little store, which he has set up since his accident, using crutches, and not touching his injured limb to the ground. There is now but little motion antero-posteriorly, and none laterally. Upon consultation with Dr. John Watson, of New York, it was deemed best to continue the immovable apparatus and to use daily friction about the seat of fracture, the apparatus being removed for this purpose and immediately reapplied.

March 17, 1856. To-day, examined the limb, and find union apparently perfect. Directed to apply a lighter apparatus consisting merely of a narrow strip of sole leather on either side of the leg, and a bandage over it to give it some support.

June 16. Saw the patient to-day, and find that the limb is about as strong as it was previously to the occurrence of the accident. On account of the extended condition of the foot, and rigid

ankle-joint, patient wears a boot on his left foot with a heel slightly higher than the other, but the position of the foot and the condition of the ankle-joint are already improving by use.

Cold Spring, N. Y., June 16, 1856.

Art. II.—*A Case of Variola and Vaccinia occurring in the same Patient.* By Ephraim Bateman, M. D., Cedarville, N. J.

A case analogous to that described by Dr. Johnson in the May No. of the Reporter has lately occurred in my practice. As such cases are anomalous, but rarely happening in the experience of a physician's life, they are fraught with interest not only to the young, but the old practitioner. Nature sometimes digresses from the beaten track in which she has been accustomed to travel for centuries, to indulge in some strange freak, displaying two antagonistic diseases in the same case, each striving for the victory.

I was called in January last, to visit Capt. G——, a resident of this place. The patient complained of great pain in the head, back, and extremities; nausea and vomiting, with much tenderness of the epigastrium; tongue loaded, and respiration hurried. The symptoms were those which mark the stage of invasion in smallpox; but as the patient had not been absent from home for a month, and as yet no case had occurred in the vicinity of the town, he was not conscious of having been exposed to this contagion, or of having stood any chance to contract the disease. There was but little mitigation of the symptoms until the fourth day, when the eruption made its appearance, and fully corroborated previous suspicions as to the nature of the disease. Had been vaccinated when quite *young*, still the protective power of that disease was manifest, and what under other circumstances would have proved a distinct case of variola, resulted only in a mild case of varioloid. The pustules soon dried up, and the patient speedily recovered.

The family of Capt. G—— consisted of himself, wife, and six children, all of whom, except the two youngest (a boy and girl),

had been vaccinated, and took the vaccine. This boy, aged 4 years, had been accustomed to sleep with his father, and had continued to do so, until the eruption made its appearance.

Having unbounded confidence in the *longevity* of the vaccinia, I did not consider it worth while to revaccinate those members heretofore protected. I immediately introduced some fresh vaccine virus into the left arm of those unprotected. After waiting the usual length of time, and perceiving no signs of the vaccination being successful, I again punctured the arm and inserted more virus. The second attempt to produce the disease proved abortive. The expected period of incubation had nearly elapsed, and the family were in daily expectation of the disease in its primitive state. As there were no indications of approaching disease, I concluded to make another attempt, this time puncturing the right arm, and introducing virus from the same scab heretofore employed. As persons are more susceptible of receiving impressions at particular times; and while disease is more readily contracted sometimes than at others, I thought, perhaps, that different parts of the body might be more susceptible to vaccinia, and while one member or part resisted all attempts to produce it, another might perchance receive it. However this may be, the last trial was successful.

On the fourth day after the insertion, the surface of the puncture presented a slightly inflamed appearance, and the succeeding day showed genuine vaccinia. On the following day the lad began to have fever, and was quite indisposed. Still the vesicle continued to progress in a perfectly healthy and normal course. Thus the case remained with little variation of symptoms until the ninth day, when the variola eruption made its appearance. At this period the vaccine vesicle was perfectly normal in its character, and appeared to be gradually progressing to maturation, nor did the appearance of the eruption at first seem to change its character or retard its development. For three days the two diseases remained nearly stationary. The influence which the vaccine was able to exert upon the system, kept the variola in check. They reminded me of two contending armies, each impelled forward by the hope of victory—for a time it was difficult to decide which would carry off the palm. It was not until after the third day of the eruption, that the vaccine began to show signs of failing

strength, and the variola to increase in size and numbers. The variola, after escaping from under the influence of the vaccine, now progressed rapidly, and finally resulted in distinct smallpox. After the defeat of the vaccinia, it seemed to exult in its overthrow, and raged triumphant. The vaccine now appeared disheartened at its defeat, and all its remaining powers were insufficient to exercise any beneficial control upon the disease.

The variola, through the influence of the vaccine, was retarded at least three days in its progress—the smallpox pustules were not advanced further at the sixth day than they otherwise would have been on the third or fourth. The eruption was thickly diffused over the entire surface of the body; from the crown of his head, to the soles of his feet, there was scarcely a spot as large as a five cent piece that did not boast its pock.

The case pursued its usual course, and the patient recovered without any unpleasant symptoms.

After the arrestation of the vaccine vesicle, it ceased to follow its usual course, became irregular and flattened, and after a few days scaled off. The vesicle has left a *perfectly regular and circumscribed cicatrix*, corresponding in shape and size to the vaccine pustule before its arrestation.

Had the virus upon its first or second insertion proved successful, it would doubtless have protected the patient entirely; or could it have had two additional days start of the variola, it would in all probability have modified the disease; as it was, the system was so completely charged with the peculiar poison of smallpox, that its protective power was entirely lost after the first days of the eruption.

The other case of vaccination went on regularly to completion, and was successful. No other member of the family contracted the disease, although exposed to its infection during the whole course of the case.

Four months have now elapsed since the recovery of the patient, and while the cicatrices of the variola are gradually becoming less prominent, that of the vaccine remains unchanged.

Here, then, is a case of variola and vaccinia occurring in the same patient. It was a most singular and interesting case to witness two antagonistic diseases, each resolved "to conquer or die."

There is no doubt but that the patient had latent variola at the time of his last vaccination, but the vaccine was able to establish itself prior to the appearance of the eruption, and to exert for a time a constitutional impression upon the disease, until being overwhelmed by the variola, was forced to surrender, and that disease allowed to spend its full force upon the system.

ART. III.—*Diseased Liver Simulating Scirrhus of the Cardiac Orifice of the Stomach.* By W. JOHNSON, M. D., White House, N. J.

THE wife of D. W. was for the last fifteen years frequently prescribed for by me. She was fair complexioned, tall, erect, and of full muscular development. Her age, when she first came under treatment, was about forty eight years. I diagnosed *diseased liver* then, and all my prescriptions since, have been based on this supposition. Venesection, alterative doses of the blue mass, iodide of potass, colchicum, nitric acid, and pustulation with tartarized antimony over the right hypochondrium, constituted the medication employed. From the lancet and nitric acid she appeared to derive the most benefit. Venesection relieved hepatic congestion, and the nitric acid probably did good, by removing dyspeptic symptoms which were sometimes predominant. During nearly the whole period of her disease, she kept on her feet and attended to domestic duties. My attendance on her was only occasional, and was suspended as soon as urgent symptoms passed off. For a long time, however, I had not prescribed for her. In the fore part of the past winter she placed herself under the care of Dr. Vanderveer of the North Branch.

[From my case book] Jan. 29, 1856. Was called in consultation with Dr. Vanderveer to the wife of D. W. She has complained for nearly a year of pain about the cardiac orifice of her stomach. For two weeks back she has vomited her food, which has been arrested at the cardiac orifice of her stomach. She suffers no pain unless she attempts to swallow. The food remains about an hour, and is then rejected unchanged—no tenderness or tumor

about scrobiculus cordis. She has emaciated much, and her features are somewhat pinched. Her countenance is indicative of organic disease. Her tongue is clean; pulse 120, and feeble.

From the foregoing assemblage of symptoms, Dr. Vanderveer had come to the conclusion that his patient was laboring either under organic disease of the cardia, or stricture of the lower end of the œsophagus. I saw no good reason to dissent from this opinion. The patient is evidently suffering from insufficient nutrition. Dr. V. was giving her tinct. strychniæ, which we agreed to continue until to-morrow.

Jan. 30. I visited Mrs. W. to-day in company with Dr. Vanderveer. She seems more comfortable than she was yesterday—her food has remained since yesterday—has taken two crackers—pulse 92—no tenderness about præcordia, or tumor that I could detect. I passed the bougie, but with some difficulty, into the stomach. There is no stricture. But there is much obscurity about her case. Suspicion is strong that there is organic disease about the cardia. Yesterday a very offensive eructation occurred, and she has felt better ever since. Is it not possible that a small abscess existing about the juncture of the œsophagus with the cardia, had diminished the calibre of the canal, and its bursting have removed this difficulty? The strychnia appeared to have agreed, and we advised its continuance. Should it cease to manifest good effects, then let patient take in the place of it the biniodide of mercury. Let one quart of new milk be injected into the rectum once or twice a day, and be suffered to remain, in order to afford nutriment. Let frictions over the stomach twice or three times a day with the hand anointed with hog's lard, in order to excite some action in the parts, be instituted. This was the amount of our conference.

May 25, 1856. Mrs. W. appeared to be better for about ten days after the last visit which I paid her in January. She then gradually failed, until last evening at 10 o'clock, when she expired. Dr. Vanderveer, a few days before, had suggested to her husband the propriety of a post-mortem examination, and this morning he informed the Doctor that he would comply with his request. Dr. Vanderveer invited my son and myself to assist in the autopsy, and at 2 o'clock P. M., about sixteen hours after death, we proceeded to the examination of the body. There was no-

thing very remarkable in its general appearance. Emaciation had proceeded to a very great extent. The outlines of an enlarged liver could be very readily traced through the abdominal parietes, and there was a hard tumor in the epigastrium. The abdomen was the only cavity explored. It was opened in the usual manner, and the quantity of fluid in the sac of the peritoneum was found to be normal. The liver now was brought to view, hypertrophied in the right side in a most astonishing degree: the lesser lobe was also vastly enlarged, and presented a mass of diseased structure. In fact, the whole hepatic structure abounded with large nodulations which resisted the edge of the scalpel when cut into, thus evidencing their malignant character. These nodules varied in size from a hazel-nut to that of a walnut. The stomach presented no other indications of disease than a slight bush of inflammation of its lining membranes. All the other organs were sound.

The real nature of the morbid manifestations in this case, and the causes leading to error in diagnosis, were now demonstrated. It was the morbid enlargement of the liver, particularly that of the lesser lobe, impinging upon the cardiac orifice of the stomach, that produced the distressing dysphagia which had existed for the last five months. Disease of the liver had been gradually progressing, without seriously impairing vital actions, until the hypertrophy had arrived at a certain stage, and then deglutition was so much interfered with that she could not receive into her stomach more than half a tablespoonful of beef-tea. The patient died from inanition.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of the late Theodoric Romeyn Beck, M. D., LL.D.* With a Portrait.[1]

THE family of Dr. Beck was of English origin. The first of whom we find any account was Caleb Beck, who sailed as master of a vessel from Boston to England, and who, having married at Schenectady, was subsequently lost at sea. His son, the great grandfather of the subject of our memoir, as is learned from the probate of his will before the commissioners at Albany, in the year 1733, was "Caleb Beck, gentleman, a freeholder in this colony; having, during his life, and at the time of his death, goods, rights, and credits in divers places in our province." The family was so long settled at Schenectady that it became, by intermarriage and association, identified with the Dutch population. The grandfather of Dr. Beck was admitted an attorney-at-law, to practise in all the courts, at Albany, in the year 1751.

The ancestral name, Caleb, seems to have been preserved through five successive generations, having ceased with the late Dr. Lewis C. Beck, the youngest brother of the subject of the present memoir.

The father of the subject of our memoir studied law, but never practised. He married Catherine Theresa Romeyn, only daughter of the Rev. Derrick Romeyn, D. D. The Romeyn family came from Holland, and settled in New York, about the middle of the seventeenth century. The father of Mrs. Beck was pastor of the Reformed Dutch Church in Schenectady, at the time of her marriage, and was well known as a distinguished professor of theology in that church. Her brother, Rev. John B. Romeyn, D. D., died in New York in 1825, and her cousin, Nicholas Romeyne, M. D.

[1] For the facts from which the materials of this sketch are derived, we are indebted to an article by E. H. Van Deusen, M. D., Assistant Physician to the N. Y. State Lunatic Asylum, published in the *N. Y. Journal of Medicine*, and to the Anniversary Address delivered before the Medical Society of the State of New York at Albany, Feb. 6, 1856. By Frank H. Hamilton, M. D.

was one of the founders, and first President of the College of Physicians and Surgeons of New York, and President of the New York State Medical Society from 1808 to 1811, and was elected an honorary member of the same in 1812.

The fruits of this honorable connection were five sons, all of whom became distinguished in after life, viz: Theodoric Romeyn Beck, the subject of the present sketch, who was born at Schenectady, in the State of New York, on the 11th day of August, 1791:

Abraham Beck, the second son, who was a lawyer of much promise, and died at St. Louis, in 1821:

John Brodhead Beck, M. D., who died in New York in 1851. He was elected a member of the New York State Medical Society in 1829, and was, at the time of his death, Professor of Materia Medica and Botany, in the College of Physicians and Surgeons in the city of New York. He was author of many medical works besides the chapter contributed by him to *Beck's Medical Jurisprudence:*

Nicholas Fairly Beck, who died in 1830, while holding the office of Adjutant General of the State under De Witt Clinton, and

Lewis Caleb Beck, M. D., who died in 1853. He was Professor of Chemistry in the Albany Medical College, and in Rutger's College, New Jersey, and author of several scientific works, among which, is the volume on Mineralogy, one of the most valuable of the contributions in the State Report of the scientific corps, to whom science is indebted for the Natural History of the State of New York.

The father of these five extraordinary men, died in 1798, at the early age of twenty-seven years, leaving his sons to the sole care of his young widow, who is represented as having been a woman of indomitable energy, sound education, piety, and good judgment. We regret that we know no more of this remarkable woman. The distinction which all her sons subsequently attained is an enduring monument to her greatness. In this connection the words of King Lemuel, Proverbs xxxi. 10–31, are brought forcibly to mind. Under the roof of her eldest son, the subject of this memoir, this excellent woman found a welcome shelter in her declining years, where at all times her wants were more than

supplied, and her counsels and precepts were reverentially respected. She died at the advanced age of 85 years.

T. Romeyn Beck obtained the rudiments of his education at the grammar school of his native city, under the immediate supervision of his maternal grandfather, and, it is more than probable, that of his excellent mother. He entered Union College at Schenectady in 1803, and graduated in 1807, at the age of sixteen. This college had then been established but a few years, and owed its existence in great measure to the exertions of Rev. Dr. Romeyn.

Immediately on leaving college, young Beck decided on medicine as the profession of his choice, and went to Albany and was admitted into the office of Drs. Low and McClelland. He, however, subsequently proceeded to the city of New York, and entered the office of Dr. David Hosack. Here he attended the lectures at the College of Physicians and Surgeons, then recently established, and in 1811 received the degree of Doctor in Medicine, on which occasion he presented, as the subject of his inaugural thesis, a paper on Insanity. This was the first fruits of the study of that subject which afterwards engaged so large a share of his attention, and upon which he expended such stores of learning, and exhibited such powers of research. The thesis was published in pamphlet form, containing thirty-four pages, and received from various quarters highly flattering notices. In it he devotes a chapter to medical jurisprudence and police, and a section to the treatment of the insane, wherein he protests against the confinement of criminal lunatics in jails, as incompatible with proper attendance, and with the safety of the other prisoners. He advocates, also, the establishment of public asylums, which shall be subject to the supervision and control of competent commissioners.

After his graduation, he at once commenced the practice of medicine and surgery in Albany, and was soon appointed physician to the almshouse. His tastes, however, seem to have been decidedly of a scientific and literary character, and as early as 1813 we find his name upon the list of counsellors of the "Society for the Promotion of Useful Arts." He became connected with this society in 1812, and although only in his twenty-first year, he was made chairman of a standing committee of five, appointed

"for the purpose of collecting and arranging such minerals as our State affords." Less than two months after his admission into the society, he was appointed to deliver the annual address at its next session. This address was delivered on the 3d of February, 1813, and its purpose was to "exhibit at one view, the mineral riches of the United States, with their various application to the arts, and to demonstrate the practicability of the increase of different manufactures, whose materials are derived from this source.

In 1814, Dr. Beck was married to Harriet, daughter of James Caldwell, Esq., a well-known citizen of Albany. His wife, who was a woman of rare accomplishments and of refined sentiments, died in 1823, at the early age of thirty-one years, leaving two daughters, who lived to be a solace and comfort to their father in his old age, and ministering angels at his death-bed. It is said that the greater part of his work on *Medical Jurisprudence* was written while watching at the bedside of his wife during her last, and painfully protracted illness—a most touching memorial to her virtues, and to the kindness of his own heart.

In 1815, at the age of twenty-four, Dr. Beck received the appointment of Professor of the Institutes of Medicine, and of Lecturer on Medical Jurisprudence in the College of Physicians and Surgeons for the Western District of New York. This College was located at Fairfield, in Herkimer Co., and for nearly thirty years maintained a high and deserved rank among the medical institutions of the country. The enterprise was started about the year 1812 and abandoned in 1840. In 1826 he was made Professor instead of Lecturer of Medical Jurisprudence, and in 1836, was transferred from the chair of Practice to that of Materia Medica in accordance with his own request. These two chairs he continued to occupy until the abandonment of the College in 1840.

But, while Dr. Beck was very fond of the *science* of medicine, he did not like the practice. In a letter to his uncle, Dr. Romeyn, then in Europe, dated June 30, 1814, he says: "I have begun to look upon medicine in a very different manner from what I formerly did. Although delighted with the study, yet I dislike the practice, and had not acquired sufficiently comprehensive views of its value and great importance as an object of research. I now find it a subject worthy of my mind, and for some time past I have brought all my energies to its examination."

But Dr. Beck found that the conscientious discharge of his duties as a practitioner of medicine was incompatible with an indulgence in his literary tastes, without injury to his health. Consequently, in 1817, he abandoned the active duties of his profession, and accepted the appointment of Principal of the Albany Academy, which position he held till 1848, when he resigned. This arrangement did not interfere with his duties in the Medical School at Fairfield, nor with his interest in medicine as a science.

In 1823, Dr. Beck published his great work, entitled *Elements of Medical Jurisprudence*, in two volumes octavo. At the time of its publication, this work attracted much attention, both in this country and in Europe, and it continues to be a standard work on the subject of which it treats. It has passed through ten American, four London, and one German editions.

Dr. Beck was connected with several literary associations, and ever labored to advance the interests of science. He was one of the originators of the plan for the geological survey of the State of New York, and became one of its most ardent supporters. Under the successive Governors of the State he was intrusted with much of the supervision of the work. As evidence of the great part which he took in this labor, we subjoin the dedication of the 5th volume, on *Agriculture*, written by E. Emmons, M. D.:—

"*To T. Romeyn Beck, M. D., LL. D.*

"SIR: There is more than one reason why the concluding divisions of the present work, undertaken to explore and illustrate the natural history of the State of New York, and conducted under legislative patronage, should be dedicated to you.

"You were among the first to foster the enterprise, and remained its consistent advocate in times when adverse circumstances seemed to jeopardize its continuance; much more than this, your whole life has been assiduously engaged in promoting the advance of science, and the spread of popular education, and the published results of your scientific and literary labors, may be referred to as reflecting an honor upon your native State. Would that the merits of the present volume were such as to render it more worthy its dedication."

In 1829 Dr. Beck was elected President of the New York State Medical Society, and was re-elected the two succeeding years.

His first annual address was devoted mainly to the subject of "Medical Evidence;" his second was on "The Progress of the Science of Medicine," and his third was on the subject of "Small-pox."

In 1841, immediately after the abandonment of the Fairfield Medical School, Dr. Beck accepted an appointment to the Chair of Materia Medica in the Albany Medical College, which he held until 1854, when his declining health and other pressing duties induced him to resign, when he was immediately elected Emeritus Professor. From 1841 up to a short period before his death, Dr. Beck also occupied the responsible and honorable office of Secretary to the Board of Regents.

In April, 1842, by the act of incorporation of the New York State Lunatic Asylum, Dr. Beck was made one of the Board of Managers, and was continued in office until his death. After the death of Dr. Brigham, Dr. Beck was induced to assume the editorship of the *American Journal of Insanity*, and he continued to edit it to the close of the eleventh volume, in the spring of 1855. Up to the time of his death Dr. Beck was a regular contributor to the pages of the *American Journal of the Medical Sciences*, on the subject of Medical Jurisprudence.

There is perhaps no testimony so pertinent to the rank occupied by Dr. Beck in the literary and scientific world, as the large number of offices which he filled, and of societies, both at home and abroad, which conferred upon him either honorary or active memberships. He was elected Almshouse Physician, Albany, in 1811; Fel. Coll. of Phys. and Surg., N. Y., 1811; Med. Soc. State of N. Y., 1813; N. Y. Historical Society, 1813; Physo-Medical Soc. N. Y., 1815; Trustee of Albany Academy, 1815; Prof. Inst. of Med., Fairfield, 1815; Antiquarian Soc., Mass., 1816; Acad. of Nat. Sciences, Phila., 1816; Lyceum of Nat. History, N. Y., 1817; Am. Geological Soc., New Haven, 1819; Natural Hist. Soc., Montreal, 1821; Hon. Mem. of Med. Soc. of London, 1824; Hon. Mem. Med. Soc., Quebec, 1824; Cor. Mem. Linnæan Soc., Paris, 1826; Hon. Mem. Med. Soc., Conn., 1826; Hon. Mem. Nat. Hist. Soc., Montreal, 1827; Soc. of Emulation, Charleston, S. C., 1827; Med. Soc. of New Hampshire, 1828; Associate Coll. of Physicians, Phila., 1829; Hon. Mem. Ithaca Lyceum, 1830; Hon. Mem. West Point Lyceum, 1830; Alb. Co. Agricul. Soc.,

1830; Hon. Mem. Royal Med. Soc. of Edinburgh, 1832; Philosoph. Soc. Rutger's Coll., 1833; Prof. Mat. Med. and Med. Jurisp. at Fairfield, 1836; Meteorological Soc., Lond., 1838; Am. Philosoph. Soc., Phila., 1839; Med. Soc., R. I., 1839; Nat. Inst. for Promotion of Science, Washington, 1840; Hist. Soc., Penn'a, 1841; Am. Ethnological Soc., 1842; Northern Acad. Arts and Sciences, Dartmouth, 1843; Cor. Fellow N. Y. Acad. of Medicine, 1847; Royal Soc. of Northern Antiquaries, Copenhagen, 1848; Hist. Soc., Vermont, 1850; Am. Statistical Soc., Boston, 1851; State Historical Soc., Wis., 1854; Degree of LL.D., by the Mercersburg College, Pa., 1849; the same Degree by Rutger's College, N. J.; Trustee State Lunatic Asylum, N. Y., and Pres. Board of Trustees; Pres. Board of Trustees Albany Academy, 1852; Mem. Ex. Com. Normal School; Emer. Prof. Albany Med. College, 1854.

To the inquiry, so natural to one who reflects upon the life and labors of Dr. Beck, "How has any man been able to accomplish so much in a single life?" The reply is—it was the result of system, indomitable perseverance, of ardent devotion and honesty of purpose, united to excellent talents. But no one quality so much contributed to his extraordinary attainments as that methodical improvement of time which he adopted from the first and retained to almost the last hours of his life. Every duty had its time and place, with which no other duties were allowed to interfere. A given portion of each day was assigned to a particular subject, and this arrangement was not to be interfered with. The morning study was never postponed to the evening, nor relaxation nor miscellaneous reading permitted until the allotted tasks were respectively dispatched. Having determined also upon any great purpose, it was never relinquished until it was accomplished. With him there was no vacillation or uncertainty of design; and at his death nothing seems to have been left unfinished, but that one labor which he had undertaken, too late for its full completion, a memoir of his early friend and counsellor, the lamented De Witt Clinton.

In conclusion we would be glad to give our readers the full account of the last illness of Dr. Beck as furnished by his attending physician, Dr. S. T. Willard, of Albany, but time and space will permit of only an outline. Suffice it to say that during life, Dr. Beck enjoyed almost uninterrupted health, and died at last of

no evident organic disease, but rather from a failure of the powers of assimilation. In Jan. 1854, Dr. Beck suffered from an attack of indigestion, while busily engaged in his official duties, and although he placed himself under medical treatment, he did not allow himself to be deterred from going to his office for a single day. He recovered nearly his usual health in a short time, but in Feb. 1855 was again taken ill, with symptoms precisely similar to those of the year previous. This attack was much more severe than the former one, and he was confined to his house a fortnight. He had a second attack in March. In June he visited his daughter, Mrs. Van Cortlandt, at Croton, and soon after, at the earnest solicitations of his friends, he went to Lake George to spend the summer months. Here, however, he indulged less in the social pleasures and rural sports than had been for many years his practice. He returned from Lake George on the 7th of Sept. On the 15th of Sept. he left the State Library for the last time. About this time Dr. Hun began to attend him in connection with Dr. Willard. Towards the end of October, Dr. Willard Parker, of New York was added to the consultation. "He received us," says Dr. Willard, "with great composure and cheerfulness, and made a clear, full statement of his case, speaking of himself as if he was not the person interested in the examination.

"After the consultation, we returned to his room; and Dr. Parker, taking his seat by him, kindly said, 'Now, doctor, we have asked you a great many questions, are there any you would like to ask us?' His reply was strictly characteristic of himself as a man of few words. He did not seek to evade the result of this investigation, but arrived at once at the conclusion by a single question that covered the whole subject—'Can you get me well?' Dr. Parker told him that we were unable to detect organic disease, but there was a suspension in the process of assimilation; his food digested, but did not assimilate—'The engine,' said he, 'you have, but the fuel fails to make it work.' Again he asked, 'Can you get in fuel that will?' The answers to these pointed inquiries were necessarily of a negative character; to which he replied, 'You make out my case very unfavorably.' In the afternoon of the same day, I found him cheerful, without having been fatigued by the morning interview; and he expressed some con-

fidence in the efficacy of the nitro-muriatic acid sponge bath, which was suggested by Dr. Parker."

He slept well at night, until Nov. 11th, from which time he was restless, and unable longer to take nourishment. Total prostration ensued; the powers of life failed; but he lingered until the morning of the 19th of November, when, gently as sleeps a child, the slumber of death came upon him. His age was sixty-four years and three months. Mr. and Mrs. Parmlee, Mrs. Van Cortlandt (his two daughters), and Dr. Willard, were with him when he died.

Autopsy, by Dr. Willard. Present—Drs. James McNaughton, March, Armsby, H. Townsend, Boyd, Cogswell, Hun, and Willard. The examination was held November 20, twenty-nine hours after death. The lungs were healthy. The heart was large, measuring from the apex, transversely, seven inches. There was, in patches, on the surface of the heart, especially near the posterior surface, near the origin of the bloodvessels, a soft fibrinous deposit, which was easily rubbed off. The walls of the left ventricle were from an inch to an inch and one-eighth in thickness. The aortic valves were thick and opaque. There was slight calcareous deposit on the mitral valve, with thickening and induration. The coronary arteries were ossified. The hepatic artery was thickened and indurated. The liver was congested and healthy, excepting the ramifications of the hepatic artery; these were indurated.

The Stomach.—The mucous membrane of the stomach was of a grayish color, except at the posterior part, where it was congested, and lined with a bloody mucus. There was thickening and induration of the pyloric orifice. The kidneys were somewhat shrivelled on the surface, but the texture was healthy.

The most remarkable appearance was the extreme emaciation. In health, Dr. Beck weighed two hundred and ten pounds; at the time of his death, he weighed not over one hundred pounds, and possibly not over ninety. He was fat, not muscular. Here, then, is a loss of one hundred and ten pounds certainly, and possibly one hundred and twenty pounds! [The change in his personal appearance was so great by this loss that his most intimate friends and colleagues could not recognize in his features anything to remind them of Dr. Beck.]

The progress of his illness was from February, 1855.[1] The heart was evidently in a state of hypertrophy; but the immediate cause of his death was *defect in his power to assimilate.*

Art. V.—*John Collins Warren, M. D.*

In the Reporter for August, 1854 (vol. vii. p. 360), will be found a biographical sketch of Dr. Warren, accompanied by a portrait, and a complete list of his publications up to that time. It becomes our duty now to notice his death, and the circumstances attending it. This notice we copy from the *Boston Medical and Surgical Journal* of May 15th. The following account of Dr. Warren's last illness was given at a meeting of the Suffolk District Medical Society, by Dr. James Jackson. Following it are remarks by Drs. O. W. Holmes and H. J. Bigelow.

Ed. Med. & Surg. Reporter.

Dr. Jackson remarked:—

"Dr. Warren's death could not be attributed to any disease which has a distinct name. For a long time his health had been bad, but there was no one marked affection. His friends had long observed a general falling off in his health. Some four years since he was induced to visit the South, and afterwards to go to Europe. From this last visit he derived some benefit. Two years ago he had an œdematous swelling of the feet. He had long before had some trouble about the heart, such as is common with old men, together with some other symptoms of disease, which were not regarded, however, as very alarming. In February last he sent for Dr. Jackson, on account of a slight ophthalmia, which he attributed to a sharp cold wind. He had long been remarkably sensitive under such exposure. The ophthalmia continued to the time of his death, though it had then gradually diminished. This affection of the eyes seemed to be a slight affair, but it led him to keep his room darkened, and avoid out-of-door exercise as much as possible; and from the confinement, and accompanying depression, he became dyspeptic. He continued, nevertheless, to visit patients occasionally.

[1] Period of illness, nine and a half months, though confined to the house only nine weeks.

Note.—Dr. Lewis C. Beck died in a similar manner. He was a spare man, and, having no fat to consume, his illness continued only a few weeks. Dr. T. Romeyn Beck lived until he had consumed over one hundred pounds.

Dr. Parker informed me that the arteries in Dr. John B. Beck were ossified (those in the trunk); he compared them to *macaroni*. A similar condition had, to some extent, taken place in Dr. T. R. Beck.

"On two occasions within a month of his death, he was seized suddenly with vertigo, followed by copious fecal discharges; but from these attacks he recovered, in each case within twenty-four hours. His last attack, on Saturday week before his death, was of the same nature, but with less of vertigo, and more abdominal pain. Dr. Jackson found him on the following morning low and weak, but with no extraordinary symptoms of disease. That day he remained in bed; but on the day following was so much better that he rode out of town, and there he walked in the garden, on the damp grounds, an exposure unusual for him. In the evening he was attacked for the first time with chills and rigors, had pains in the head and limbs, but most in the abdomen. On Monday morning his symptoms were aggravated with alternate chills and heat, a high pulse, parched tongue, loss of appetite, but uncontrollable thirst, and great tenderness in every part of his body. From that time he grew worse daily. He complained of great soreness on his left side, in the trunk and limbs. The tenderness appeared to be confined entirely to the integuments. His nervous system also was affected in various ways.

"From this time his mind gradually failed, but he was at no time delirious. From 3 o'clock P. M. on Saturday, the day before his death, he ceased to pay attention to those around him, being, in the common phrase, "struck with death," and remained lying motionless on his couch, until 2 o'clock A. M. on Sunday, May 4th, when he ceased to breathe.

"Dr. Jackson thought an examination would be very unlikely to show that the immediate cause of death was any local affection. He believed that distress of mind, added to the bad state of his health previously, had exhausted his vital powers. Dr. Warren had sometimes been called cold, but his (Dr. J.'s) observation satisfied him that he possessed strong and deep feeling, though he seldom exhibited any outward emotion. The death of his first wife preyed on his feelings for a long time. When older and more feeble, he was affected in like manner, more powerfully, by the loss of his second wife. At these times he did not show any outward marks of grief, but his vital powers were sinking under his mental suffering. Just so during the past few months he has been overcome by sad tidings respecting the health of his son, who is abroad. But Dr. J. refrained from the discussion of this subject.

"He hoped more eloquent lips would describe to them the talents and virtues of his lamented friend. Most of those around him had listened to Dr. Warren's instructions, for these had been given to more than one generation of pupils.

"Dr. Oliver Wendell Holmes then offered a series of resolutions, prefacing them with the following eloquent remarks:—

"*Mr. President*—Death has just removed from our earthly fellowship one long known to us as a leading member of our various local associations; to this community as a most valued professional counsellor and honored citizen; to the profession itself as a master in one of its leading departments, and a laborious teacher of more than a whole generation of practitioners; to the country as one of its ornaments, and to men of learning everywhere as a

liberal and enlightened student of Nature. The name of John Collins Warren is stricken from the roll of living men.

"There is no man here, whatever his age or standing, that can hear this brief announcement unmoved. To the old it is a sudden breaking up of associations that half a century of active life has been slowly knitting together. To the young it is one of those startling changes that shift the entire vista of the future; life slides forward a whole stage when those who stand in full relief upon its furthest confines drop beneath the horizon. We have all grown older in more than days since yesterday; we have lost a presence that filled no small space in our habitual outlook, and passed it over to the ever-widening domain of memory.

"There have been few men in the time of the oldest among us who have stamped their character more distinctly on their associates than he whom we must now speak of as belonging to the past. He entered life with singular advantages. His father was the leading surgeon of the leading town of New England; had served his country faithfully in the camp and on the field; had founded a school, and was known as an eloquent and enthusiastic teacher. His uncle had shed imperishable lustre upon the name he bore; his alliances gave him influence; his career was unimpeded by the embarrassments common to many who rise in spite of them to eminence.

"It is not much only to inherit advantages, as every day shows us but too clearly; we see the new men carrying off the prizes in every calling, in the face of the hereditary occupants of power and position. But it is much to know how to bear the temptations of good fortune, or what is so called; to cast off indolence, to despise self-indulgence, to work from a high sense of duty, or even from a noble ambition, as others work from hard necessity.

"Whatever place Dr. Warren acquired or maintained in life, no man can say that he did not earn it and keep it by his own fair labor. In this great centre of life, where an over-working race sends its strongest muscles and its busiest brains to be worn out, it would be hard to name the man who toiled more unremittingly than he, during the busier years of his life. In his vast practice at the hospital, of which he was one of the founders, and where he passed so large a share of his time; in the professor's chair, the offices of which he performed with signal fidelity and punctuality; everywhere, he was unsparing of his time and labor. Those of us who met him at that busy period of his life remember him as grave, concentrated, often stern, a man of few words, and those apt to be peremptory, one who went his way, bent on his own task, and not lightly to be turned aside from it.

"But neither all the advantages he inherited, nor all the toil he expended, could have given him the place he attained, without elements of personal superiority to lend vitality to both. Somewhere in the mind, or in the character, or in both, must be found the source of that remarkable influence which Dr. Warren exerted during a long series of years, amidst all the competition and changes of city professional life. If we should look only at his purely intellectual qualities, we should not have reached the secret of his mastery. The varied intellectual power, the wide range of knowledge which belong to the scholar who lives in the world of thought, are not to be ex-

pected in the men whose lives are passed in the practical use of applied science. From them we can only demand accuracy instead of breadth of view, sagacity instead of erudition, readiness in the place of versatility. These are the qualities that must belong to the successful surgeon, and these, with a practised hand and unshaken nerves, were generally granted by the profession and the public to belong to Dr. Warren. But to these qualities, which fitted him for superiority in his peculiar department, were added two other traits, which lay underneath all the rest, and gave them their consummate effectiveness: unswerving concentration of purpose, and unbending force of will. These gave him his unchallenged supremacy in the professional sphere he had chosen.

"To understand his character, we must compare that busy period of life before referred to, with its later years, after he had relinquished the most arduous portion of his daily duties. Then it was that the taste for natural science, held sternly in abeyance during a long period of professional toil, was allowed to assert itself, and all might see how resolute must have been the purpose that could have kept it subjugated and almost unsuspected. Then it was that the pleasant social qualities, overlaid for a time by the weight of severe occupation, found their spontaneous expression; and all could feel that the somewhat austere aspect of his overtasked middle age was only another proof that he had given his whole mind and heart and strength to cares that might well subdue his natural vivacity, and sadden his cordial smile.

"These last years of his life have softened all our recollections of his strenuous years of toil. He had got out of the brawling current, and as he neared the further shore, a quiet eddy carried him far back towards the fountains of his youth. A kindly old man, full of pleasant anecdote, busy with ingenious speculations, loving nature always and studying her, not as once in the fearful shapes in which she used to challenge his skill, but under the branches of the "Great Elm," or beneath the buttressed ribs of his huge Mastodon, or hanging over the sandstone tablets where the life of the eternity that is past has left its earliest autographs, he pursued his cheerful labors to the last, bent, but not broken, and so walked softly from among us into the land of shadows.

"Dr. Henry J. Bigelow, in seconding the resolutions, spoke as follows:—

"*Mr. President*—I am aware that I can add little to the eloquent and comprehensive sketch to which we have just listened; and yet as it has fallen to my lot to see something of Dr. Warren in his relation to that department of our art which was more especially the object of his attention and of his ambition, I may be pardoned for adding a few words, if only in recognition of the debt which, in common with the rest of our profession, I feel that we owe to him.

"We are deeply sensible to the loss which, as members of this Society, we have sustained. Many of us associate the recollection of Dr. Warren with a period when, in the zenith of his career, with a full activity and an unconquerable will, he grasped the highest objects within the reach of our profession. Some of our younger brethren will remember the declining sun, shed-

ding an influence not the less genial that it had abated something of its intensity and force. A few—alas! how few remain—have traced his prosperous path from its commencement; and we all share, in common, the consciousness of a void left by one whose familiar presence has filled so large a place within the sphere of our daily occupation. Perhaps no member of the medical profession here, has held, or will ever hold, a position like that occupied by Dr. Warren. The constitution of his mind led him to aim at and to enjoy the attainment of a chief place, while the community gradually and willingly conceded to his indefatigable labors, an eminence to which his social and his hereditary position had already opened the way.

"His professional industry was of no ordinary character. Extending through a long period of years, exacting constant application to a routine of business, often from early dawn to late hours of night, it required a coincidence of mental determination with physical endurance, such as can find scarcely a parallel among us at this time. Amid the detail of such labor no patient was neglected, no application overlooked, no note unanswered. To his latest day you were certain to receive, at the proper moment, the response to some even unimportant question which you had asked, and perhaps yourself forgotten. But weightier interests claimed his first attention. He shared the labors of the medical school, and amidst other engrossing occupations, his scientific zeal built up its ample museum in the comparative infancy of science here.

"In co-operation with one whose claim of gratitude from us is not less, at least, than his; who now remains pre-eminent in the esteem of a community upon whose warm regards he has always had so strong a hold—Dr. Warren projected and organized the Massachusetts General Hospital, where he alone performed for many years the duties of the surgical department.

"The surgical division of the hospital still presents the impress of its masterly organization by Dr. Warren. No one who has observed at once the comparative bustle and confusion in foreign operating theatres, and the great similarity among them all, can fail to recognize the guidance of a ruling intellect, in the well ordered and methodical tranquillity which still characterizes our own. Its plan was furnished by him, and for many years he alone conducted the operations. As an operating surgeon, with a methodical elegance, he was cautious, safe and slow; and the latter peculiarity, which has been sometimes attributed to a want of sensibility, arose in him, as I have reason for believing, in an early determination to forestall and to neutralize an actual and constitutional sensibility of temperament, which might have interferred with the safe conduct of the duties he was so often called upon to perform. Comparatively isolated and unassisted, Dr. Warren undertook, upon his own decision and upon his own responsibility, operations of a severity and magnitude not common even at this time. An unassisted pioneer in surgery, devising new and formidable methods, doubtless with some effort to himself, while he may have been thus naturally led to attach a somewhat disproportionate importance to the difficulties of practical surgery, he vanquished its real obstacles, and placed himself at the head of this science in New England. He was equally remarkable as a surgical practitioner. In dealing

with doubtful cases, how many a Gordian knot has he divided, by his decisive way of cutting doubt short when doubt was unavailing; of assuming responsibility to relieve a wavering mind.

"A habit of rapid and final decision characterized his whole career; but scarcely more than a persevering force of will. Indeed, this latter quality sometimes led him into conflict with the opinions of others, on occasions when his thorough appreciation of men, and an urbanity of which no one was more a master than himself, might have enabled him, if he had so chosen, to have persuaded the doubtful or to have conciliated the adverse.

"His professional intercourse with his medical brethren has of late years been somewhat restricted by the impaired condition of his health. There were few who understood so well as he the delicate relations of a consultation. Conforming, with a rare intuition, to the important exactions of the most rigid professional etiquette, he saw at a glance the whole bearing of a case, and without modifying treatment, unless change was called for, he added his suggestions when required, with remarkable brevity and clearness.

"To a rare combination of scientific tastes he united a familiarity with the world; and to abundant means he joined a readiness to subserve by them the cause of science. A certain elegance of exterior, not always consistent with a laborious medical practice, gave grace to his large hospitality, to his medical brethren and to strangers. With such qualities, and with the prestige of a wide-spread reputation, he imparted a tone to the medical and surgical profession, as distinctly felt and recognized throughout this whole section of our country as within the walls of our own hospital.

"In the maturity of his years, leaving the impress of his character and fame upon the age; leaving an hereditary successor to his professional renown, whose restoration to health is the dependence of many friends, and the earnest hope of the community, he is gathered to his fathers in that great harvest in which human fame and human worth are alike merged, in which men rest from their labors and their works do follow them.

"The resolutions were adopted by a unanimous vote, and directed to be entered on the record.

"Autopsy.—The following sketch of the *post-mortem* appearances was furnished us by Dr. J. B. S. Jackson.

"On dissection, there was found an acute inflammation of the left wrist-joint, a small deposit of pus near the first rib upon the right side, and acute pericarditis. At the apex of each lung were the remains of old tubercular disease. In the stomach, and near the pylorus, was a cancerous-looking growth, about the size of the last joint of the thumb, and confined apparently to the mucous membrane. Since the dissection, this growth has been examined microscopically by Dr. Henry J. Bigelow, and the appearances tend to confirm the general impression, as above expressed, of the nature of the disease. The bladder was quite large, and, besides a considerable quantity of urine, contained four very peculiar-looking calculi, of the size of small marbles, which, upon examination by Dr. John Bacon, were found to consist almost wholly of oxalate of lime. The 'middle lobe' of the prostate gland was enlarged as well as the lateral lobes."

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. VI.—*New York Pathological Society.* Reported by E. LEE JONES, M. D., Recording Secretary.

REGULAR MEETING, *Feb.* 27, 1856.

Dr. FINNELL presented a *stomach* and a portion of integument removed from a man who had *died of scurvy.* The man was one of a crew of twenty manning a ship which sailed from Gibraltar to New York, where she arrived after a passage of six months. When one month distant from Gibraltar all the crew was taken sick, vomiting blood at intervals and rapidly sinking. Five died from exhaustion, apparently from loss of blood. After arrival here, the survivors took board in Cherry Street, where, shortly after, three died. Upon the stomach can be seen ulcers, varying in size from two or three lines to half an inch in diameter. This portion of integument shows the character of the external ulcers which appeared on other parts of the body, as well as upon the leg, from which this specimen was removed.

Poisoning by Strychnine.—Dr. FINNELL also presented a stomach and a portion of a liver, from a person who had died from the effects of strychnine. No morbid appearance can be discovered in the stomach, excepting some marks of irritation at its large end. Upon the portion of liver is seen a cicatrix.

Dr. DALTON inquired if there was any history to account for the cicatrix, inasmuch as he had seen similar marks upon the livers of persons who had had syphilis.

Dr. FINNELL had no history of the case.

Puerperal Fever, Abortion.—With the above mentioned specimens Dr. FINNELL presented the uterus from a female upon whom abortion had been produced. The woman came into the hospital on the 7th of January, suffering from rheumatism, and also severe inflammation of one eye, which finally was destroyed. She came under his notice on the 1st of February. A day or two previous to death, which occurred on the 20th of February from puerperal fever, she stated that abortion had been produced upon her by a doctor in Essex Street, by introducing and stirring about a steel instrument. The operation was followed immediately by considerable hemorrhage, and the next day by expulsion of fœtus. In a few days was up and about, but in a week or ten days was obliged to give up and so entered hospital. Upon the sacrum and other prominences of the body ulcerations were produced, the bone becoming denuded at the sacral ulceration. *Post-mortem* examination failed to find any lesion of the various viscera, and no phlebitis. There is a small cyst in the cervix, which is the only morbid appearance in the uterus.

Croup.—After presenting this specimen, Dr. FINNELL showed a portion of the trachea of a boy, four years of age, who died of membranous croup. The boy suffered a catarrh for two days without exciting any alarm. On the third day Dr. F. was called to see him and found him failing very fast. No response

being made to the usual remedies, it was decided that tracheotomy only could save the child, which, after a delay of two hours, awaiting the consent of the parents, was performed. At this time the boy had ceased breathing, but in a short time after perforation was effected, respiration commenced, the patient rallied, and everything promised well. Towards midnight, however, he grew weaker, and in a short time died from suffocation. In this part, about midway of the cricoid cartilage, it will be seen that the canal of the air-passage is entirely closed by false membrane.

Liver, Kidney, and Gall-Stones.—Dr. FINNELL also presented two specimens of the liver and one of the kidney, from a man who had died of ascites. The kidney was of abnormal shape.

Besides these, he exhibited ninety-five gall-stones as curiosities from a patient who died of pericarditis: the total number found in the gall bladder was a hundred and three.

Urinary Fistulæ.—Dr. SAMUEL C. POINTER presented the pelvic organs of a man exhibiting urinary fistulæ, resulting from injury, accompanied with the following history:—

Henry S——, an Englishman, 35 years old, was admitted to Bellevue Hospital on the 12th of January, 1856. No hereditary predispositions could be traced on questioning this man, who had been very intemperate till ten months ago, when he was compelled to give up his old habits. Twelve years ago he had gonorrhœa, but had no stricture. No other history of venereal disease in any form. Two and a half years ago, at New Orleans, he fell astride the hatchway of a ship, wounding the scrotum and right testicle. He was insensible for six hours subsequent to the injury, and when his consciousness returned was unable to urinate, though there was great tenesmus. It was found impossible to pass a catheter, and he was left to pass a terrible night, during which he noticed a swelling beginning at the pubes and gradually travelling up to the anterior superior spinal process of the ilium and distinctly confined to the right side. The next day at 12 M. the infiltrated tissue was lanced in two places, one just above Poupart's ligament about one-third of the distance from the crest of the pubes to anterior superior spinal process of the ilium, and the other about half an inch below it vertically. After nine days he passed his water in a stream through the upper wound, only a few drops passing per urethrum. At the end of two months he could walk about, the quantity of urine passed through the natural passage had increased daily, and at this time he passed about half through the fistula and half through the urethra. The wound in the scrotum had only partially healed. For six months this condition of things remained, the man having no pain except at the neck of the bladder when he urinated. He commenced work two months before, and continued his laborious occupation until three months previous to his admission. He has always noticed some pus in his urine and a very slight discharge from the fistula. Ten months ago he first noticed a dry cough and night-sweats, the beginning of phthisis, which has steadily progressed. About this time the urine ceased to pass through the artificial opening, and whilst at stool passed per rectum, excoriating the parts and giving a urinous smell to his stools. When standing up the opening into

the rectum was closed in some manner so that none of his water passed into it, but all through the urethra. After several months the fistula reopened and simultaneously there was an absence of urine in the feces. About the first of September, 1855, it again ceased to pass through the former opening, and reappeared in the feces, a little passing at each stool, up to the present time, and nothing being discharged from the fistula except a very small quantity of pus.

He came to the hospital to be treated for his chest disease, and with the hopes of recovery usual to phthisical patients. On physical examination every evidence of tuberculous cavities was found at the apices of both lungs; he was extremely emaciated and very feeble. Heart's sounds were natural.

Just above Poupart's ligament and about its middle was a round opening in the skin, which on examination was found to communicate with a fistula running downwards and inwards to the median line, apparently terminating in a blind pouch above the symphysis pubis; the probe was also passed in the opposite direction for a short distance and then stopped abruptly. There was another opening in the integument vertically below this which communicated with a fistula, ending at the anterior border of the tendon of the adductor longus muscle: besides these there were two others in the scrotum which could be probed a distance of one inch only.

January 15th, three days after admission, his urine again passed through the fistula, and he continued to pass at least half of it thus up to the time of his death, the other half passing through the urethra in a spiral stream at times thick with pus. He also passed a little urine through the rectum when at stool the whole time. I attempted to pass a bougie but could not introduce it further than the triangular ligament with the gentle force used. He informed me that many attempts to pass instruments had been made in vain. His urinary disease had long ceased to give him any trouble, and his lungs being irremediably diseased no treatment was addressed to it beyond cleanliness. He was given cod-liver oil, and vegetable and mineral tonics, but gradually sank and died on the 16th of February.

On *post-mortem* examination a flexible catheter (No. 8) was passed into the upper fistula above Poupart's ligament, and internal to the external iliac artery downwards in front of the peritoneal covering of the bladder, gradually passing from the side of the organ to its posterior surface till it met with an obstacle in the region of the prostate gland. This fistula being opened with a scalpel was found to be lined with a membrane approaching mucous membrane in its character. On cutting down upon the end of the instrument the fistula was traced into an abscess seated partly in the substance of the prostate gland and between it and the rectum, containing about half an ounce of pus. From this abscess a communication was established with the bladder through the floor of the urethra. There was also a communication by a valvular opening with the rectum a short distance from the anus, just above the sphincter ani muscle. None of the other fistulæ communicated with the bladder. They were all lined with the same imperfect mucous membrane. The fistula communicating with the abscess in the prostate divided near the opening in the integument into three smaller ones which emptied

into the sinus before described, and which was large enough to admit the little finger.

The bladder was considerably thickened and presented evidences of inflammation. Its whole mucous surface was dotted over with perfectly circular ulcers about three lines in diameter, some of which presented the appearance of healing, whilst others were ragged and apparently progressive. They resemble very much chancres, so that several medical gentlemen who examined them remarked that they would have pronounced them chancres unhesitatingly if situated on the external surface of the body.

Aneurism of the Aorta.—Dr. George T. Elliot presented a specimen of *aneurism* of the *aorta*, with the following history:—

John Kelly, aged 28, unmarried; native of Ireland; a shoemaker; admitted June 25th, 1855.

No hereditary tendencies to disease traceable. A man of intemperate habits. Suffered from syphilis in primary and secondary forms. Never had rheumatism. Lost the use of one eye and partly that of the other from inflammation contracted by exposure at a fire. Health generally good.

In March '55 exhibited symptoms of some inflammation about the chest; pain (but) on the right side; expectoration slight, yellowish, and viscid. Previous to this attack never suffered from palpitation of the heart, but since has been greatly troubled in this way, unable to walk any distance, or up stairs without stopping to rest. Has not felt pain in precordial region, is not conscious of having ever injured himself by exertion.

At his admission, June 25th, had lost much flesh, was greatly oppressed at times by palpitations, but felt no pain. Legs were œdematous to the knee. Urine not albuminous. Pulse was then ninety; regular; locomotive; visible in neck. Respiration, twenty-four. During August suffered somewhat from precordial pains.

October 1st. Apex of heart found in sixth interspace one and a half inches to the left of nipple. Double murmur at base, a single at apex, or transmitted. Thrill over base. Radial pulsations visible. Entire of lower limbs œdematous, with some effusion into abdomen. Liver prominent in epigastric region. At this time suffered greatly from dyspnœa, and œdema of lungs was discovered.

During November and December occasional attacks of dyspnœa came on, with general derangement of digestive function. Food was often rejected by the stomach.

January 6th. Sudden excruciating pains in precordial region during the past night caused him to rise from bed in his endeavors to obtain relief. Point of heart's beat indeterminate. Double murmur as before over base, and a distinct thrill in the third interspace two inches to left of median line. Dulness extends from second rib downwards, and from right margin of sternum to three inches to the left of the nipple.

Fluctuation, but no very great distension of abdomen. Œdema of right lung. Bronchial breathing in left. Face assuming a dark purplish hue.

February 23d. Has been suffering with increasing dyspnœa for several

days. Maintains a sitting posture in bed. Face greatly suffused. Jugular veins, and others of neck exceedingly distended.

February 24th. At 9 A. M. suddenly died, immediately after eating a light breakfast.

Sectio cadaveris twenty-four hours after death. Rigor mortis. Face and neck much swollen and discolored. Considerable distension of abdomen and great œdema of legs.

Thorax.—Lungs everywhere firmly adherent to the pleura costalis, the pericardium and diaphragm, excepting as separated on left side by a slight amount of serum. Several ounces of serum were found confined between the middle and lower lobes of right lung, and the lower lobe was carnified.

The left lung was compressed posteriorly by the enlarged pericardial sac, but otherwise healthy.

The pericardium was found thickened and greatly enlarged, its cavity containing over twenty ounces of serum.

The heart greatly hypertrophied; weight, twenty-two ounces. Its valves all healthy to inspection. The aortic, however, were found not to hold water.

The liver was comparatively small, presenting marks of inflammation upon its surface.

Kidneys of normal size and healthy.

Brain not examined.

Dr. Elliot thought the case exhibited a point of fallacy on account of the peculiar situation of the aneurism, but spoke in high terms of Dr. Cammann's diagnosis, it having coincided with the facts in the case as demonstrated by the autopsy.

Dr. O'Rourke thought there was no point of fallacy in the case; and that Dr. Cammann's diagnosis was correct.

Dr. Elliot said he intended to give Dr. Cammann full credit, and that he wished to convey the idea that the peculiarity of the case might lead to a mistake in the hands of the less experienced.

Dr. S. C. Foster inquired as to the dates in the history of the case.

Dr. O'Rourke remarked that the first symptoms appeared in March 1855, and that Dr. Cammann made his diagnosis in the following June.

Dr. Pointer said, the patient was received into the hospital with "dilatation of the aorta" as the diagnosis.

Fatty Tumor of the Neck.—Dr. Dalton presented a fatty tumor, as interesting in exhibiting how dense a tumor of that character may become by the incorporation of fibrous tissue. The tumor was removed by Dr. Detmold from the back of the neck of a perfectly healthy boy, aged nine years. It made its appearance ten months since, and gradually increased until it attained the size of a goose's egg. It was adherent to the transverse processes of two of the vertebræ, lobulated, presenting to the touch a sensation as if bone was developed in its centre. It was mostly superficial, the skin being in nowise discolored. It was not painful, and was removed on account of its inconvenience.

Dr. Metcalf asked if it was not uncommon for tumors of that kind to be

attached to bone. He thought there were but few if any who would not have considered the tumor to be scirrhus.

Chylous Urine.—Dr. Metcalfe presented a specimen of *chylous urine*. A young lady, aged 26, native of Cuba, unmarried, of nervous temperament, having previously enjoyed good health, began to be dyspeptic three years ago. From time to time pain in the lumbar regions was complained of, and on several occasions she passed bloody urine. Two years ago, for a short time, she had been troubled with swelled feet. No disturbance of the menstrual function, except that the *catamenia* had come on three or four days later than the regular time, and sometimes at irregular intervals. Three months before coming under observation, she noticed that her urine became milky in color as it was passed. No diminution of the normal quantity was observed. It had a peculiar odor; an acid reaction; sp. gr. 1019. On standing, it deposited a copious sediment; the upper part being somewhat turbid. The sediment was composed of urate of ammonia, and of very unusual abundance of renal and vesical epithelium. Heat and nitric acid gave copious precipitate of albumen. Sulphuric ether agitated with the urine removes the fat, which collects in quite a thick layer between the two fluids. Chloroform affects it in a similar manner. On microscopic examination no tube casts are to be found.

From time to time small whitish clots pass with the urine from the bladder. These were found to consist of an amorphous stroma, entangling multitudes of oil globules and epithelial scales.

The patient was treated by tonics and generous diet, and in the course of two months was quite well of her troubles.

Dr. Metcalfe stated that he had been informed by Brown-Séquard, that it was not uncommon in Cuba for persons to be affected as in this instance, and in other places within the tropics, especially young persons.

Tumors of the Brain and Liver.—Dr. Metcalfe also presented the brain and liver of a man, with which he likewise submitted a history. He stated that Dr. Dalton had examined the tumor of the brain and found it non-malignant, also the tumors of the liver, which are tuberculous.

Dr. Elliot said he supposed Dr. Metcalfe meant that they were the knotty tumors of Budd, said to contain a cheese-like matter, as is the case with those presented.

Dr. Metcalfe said he considered them tuberculous.

Metro-peritonitis.—Dr. Krakowitzer presented the uterus and a portion of the large intestine from a patient who had died of peritonitis. The woman had passed through the allotted period of pregnancy, was attended by a midwife, and delivered in half an hour.

On the morning of the fourth day the patient sat up, and feeling very cold and chilly was obliged to go to bed again. Three or four hours later she felt very sick, and in four days died. The autopsy revealed copious effusion into the cavity of the peritoneum, and also the fact that inflammation of the bowels had existed to a certain extent. A short distance above the ilio-cæcal junction a bridle or false ligament existed on the anterior side of the cæcum,

drawing about three inches of the tube into the space of about three-quarters of an inch, thus forming a pouch posteriorly. The membrane of the stomach showed an irritated surface from the administration of calomel. There was no pus found in the veins of the uterus or ovaries. There were some slight but old adhesions of the Fallopian tube to one side of the ovary. Eight years ago the patient suffered from intermittent fever, and the spleen was found somewhat hardened and adherent to its surroundings.

MEDICAL SOCIETIES.

Art. VII.—*Annual Meeting of the Medical Society of Monmouth County.*

The Annual Meeting of the Monmouth County Medical Society was held at Freehold, April 28, 1856.

Dr. John C. Thompson was duly elected a member, and Wm. Henry Cook, Student of Medicine, was permitted to a seat during the deliberations of the Society.

A Resolution was passed directing the Secretary to erase from the Roll of Members the names of Doctors A. T. Pettit, John Gregg, and W. C. Lewis, in consequence of their removal from the State.

Dr. Robt. W. Cook presented a portion of Small Intestine with a diverticulum three inches long.

Drs. Woodhull, Goodenough, and Vought, reported several cases of Cerebro-Spinal Meningitis, the disease having prevailed in an epidemic form in Freehold and vicinity the latter part of the winter and spring.

The President was directed to call a special meeting of the Society on the last Monday in May.

The following Delegates were appointed to the State Society: Drs. R. W. Cook, Robt. Conover, A. B. Dayton, and Wm. L. DeBow.

Officers of the Society for the ensuing year:—

President.—J. E. Arrowsmith.

Vice-President.—T. J. Thomason.

Treasurer.—Edward Taylor.

Secretary.—John Vought.

BIBLIOGRAPHICAL NOTICES.

ART. VIII.—1. *Transactions of the Medical Society for the State of New York*, at its annual meeting held in Albany, February, 1856. (Assembly Document), pp. 254, Albany, 1856.

2. *Transactions of the South Carolina Medical Association*, at the extra meeting in Greenwood, July 18, 1855, and at the annual meeting in Charleston, February 6, 1856. Pp. 74, Charleston, S. C., 1856.

3. *Transactions of the New Hampshire Medical Society* (sixty-fifth anniversary), held at Concord, June 5 and 6, 1855. Pp. 56, Concord, 1856.

A TOLERABLY full report of the minutes of the last annual meeting of the New York State Medical Society was published in the REPORTER for March last. In another part of the present number will be found a biographical notice of the late Dr. T. Romeyn Beck, prepared in part from the Eulogium upon his life and character, pronounced before the Medical Society, and members of the Senate and Assembly, by Frank H. Hamilton, M. D., President of the Society, as his annual address.

A report follows on *Tuberculosis and Tubercular Pneumonia*. Its author, C. B. Coventry, M. D., has handled his subject in a very common-sense, practical manner, giving expression to views of the pathology and treatment of tubercular affections of the lungs, which, we doubt not, will have a good influence on the practice of some who heard it delivered, or who may read it in print. A portion of the medical profession still adhere to the old notion that *all* affections of the lungs are associated with inflammation of a sthenic character, and treat them with antiphlogistic remedies.

In discussing the causes of tuberculosis and tubercular pneumonia, Dr. Coventry has the following judicious remarks:—

"*Influence of the Sun's Rays in Consumption.*—There is one subject which requires a more extended notice, than it has usually received from our systematic writers. I refer to the influence of the sun's rays. Every physiologist knows how absolutely necessary they are to the growth of plants, and the etiolating effect their absence or withdrawal has upon the complexion. Is it unreasonable to suppose, they may have some influence in causing or preventing tuberculosis! It seems well established, that tubercles may be produced in animals by confining them in close and dark apartments, on a meagre diet. Doctor Hall says, that by this means, he produced fatty degeneracy in animals, which he considers analogous to, if not identical with tuberculosis. In the city where I reside, there was an office connected with a large mercantile establishment, so situated that the sun never shone upon it. It was in the rear of the building, with a single window, and that so surrounded with buildings as to exclude the sun. The occupants of that office died one after another, until the proprietors became alarmed, and had the office removed to another part of the building. One of the occupants I attended, when in the last stage of his disease. He entered the office a strong healthy man, with no hereditary tendency to the disease, and temperate and

regular in all his habits, but in less than two years he was carried, like his predecessors, to the grave, a victim of consumption. In his case I was never able to discover any cause, unless it was his occupying that fatal office, where he was book-keeper."

The question of the *contagiousness* of consumption is discussed as follows:—

"*Contagiousness of Consumption.*—The question of the contagiousness of consumption, or the possibility of its being communicated from one person to another, still divides the profession. It is well known that in the South of Europe, it was formerly considered so contagious that the bed and bedding of persons dying from the disease were burned. Morgagni, in his great work, gives this as a reason why so few cures of the disease are reported, in his post-mortem examinations. Most writers in England and this country, consider the disease as non-contagious. That it is not contagious in the same sense as smallpox, measles, &c., is no doubt true, but that a person occupying the same close apartment, or sleeping in the same bed, breathing an atmosphere filled with the exhalation from ulcerated lungs, may not have his system so poisoned as to produce the disease, may well admit of a doubt. The fact that whole families often die of the disease, is familiar to us all, but this is attributed to their having the same hereditary tendency; but how does it happen that members of the family who are absent and have no intercourse with the sick, usually escape; and in case of husband and wife, where there is no constitutional tendency, the result is often the same. I have seen an account of a man, who said that he had not a near relative in the world, and that he had himself been the unwilling cause of their death; that he had consumption, communicated it to his wife and she to others, until the whole family were victims, whilst he himself recovered. The late distinguished Professor Willoughby mentioned to me, that a brother of his caught the disease from attending the sick bed of a beloved daughter. He stated that in his family there was no predisposition, and that his brother was a strong, healthy man, but the daughter had inherited the predisposition from her mother. During the illness of the daughter, her father had the principal care of her, was much over her, and soon fell a victim himself to the disease. It is well known that the glanders in the horse is highly contagious, and that it bears a strong analogy to consumption in man. I would not have it inferred, that I believe there is danger of the disease being communicated where proper precaution is used, but I have seen too many melancholy cases where I believed the disease was communicated to permit me to doubt its possibility."

The next report is by Thomas W. Blatchford, M. D., on *Rest and the Abolition of Pain in the Treatment of Disease.* In respect to rest, Dr. Blatchford shows that while in certain conditions, as in most surgical operations, and in some inflammatory affections and hemorrhages, rest is of the utmost consequence, yet there are ailments in which it must, to a certain extent at least, be avoided, and active exercise enjoined. These need not, of course, be enumerated. Of the subject of abolishing pain in the treatment of disease, Dr. Blatchford also takes an enlarged and liberal view, showing that there are circumstances in which pain is an important and providential agent in the treatment of diseases and injuries. The Doctor is an advocate for the use of anæsthetics in surgical cases, and of chloroform in preference to ether or a mixture of chloroform and ether. In administering chloroform, Dr. Blatchford would make a distinction between those patients who are suffering from pain at the time it is given and those who are not. He says:—

"*The influence of Pain in the administration of Chloroform.*—I think it important in the administration of chloroform, where perfect anæsthesia is

required, to make a distinction between those cases where it is to be given while the system is suffering from pain, and those where pain does not exist at the time it is to be administered, but when it is to be given to prevent the pain otherwise anticipated. I believe a large proportion, if not a majority of the unfortunate cases, have occurred in the practice of dentistry, where it is known chloroform is given while the system is free from pain; and likewise in those cases requiring surgical operations (the removal of tumors, &c.), where pain did not exist at the time insensibility was produced. If my memory serves me, all the fatal cases have been of this class, at least I cannot now refer to a single recorded case where it was otherwise. Indeed might not a result of this character have been anticipated? Is it not in accordance with our daily experience, that in the exhibition of anodynes, narcotics and stimulants, the system, while suffering from acute distress, is found capable of bearing with impunity a very large amount of these remedies, and that in order to produce their legitimate effect upon the system, a quantity truly frightful is sometimes required, an amount which, administered under other circumstances, would doubtless at times produce unfavorable if not fatal results? Perhaps this distinction may furnish an explanation why so few fatal cases occur in obstetrical practice, where pain usually exists at the time it is administered, for it is well known that in certain localities, both in this country and in Europe, it is in very general use, some gentlemen of large experience telling us that they can scarcely get a woman to consent to an accouchement without the aid of chloroform.

May not this likewise be the explanation of the astonishing fact lately made public, that notwithstanding the extensive employment of chloroform in the surgery of the Crimea, not a death has occurred as the result of its use. At a recent meeting of the Academy of Science of Paris, M. Flourens, speaking of the power of chloroform, remarked, "Its use in the field-hospitals of the army, doubled the strength and power of the surgeons, as they are more masters of their action when operating on an inert mass, and are no longer disturbed by the cries and movements of the patient. In the Crimea chloroform was employed," he stated, "more than 25,000 times, and always with success. This immense result," said M. Flourens, "is the best reply to those who had felt apprehensive at the use of this powerful auxiliary to surgical operations."

In the employment of local anæsthetics, Dr. Blatchford has long been in the habit of combining chloroform with either soap-liniment, alcohol or sweet-oil. In the following formula he has found it very efficacious in relieving toothache applied by means of a cotton plug, or by putting a drop of the mixture into the cavity of the tooth.

R.—Chloroformum f℥j.
Creasote gtt. x.
Sp. vini gallici f℥ss.—M.

Dr. Blatchford says: "In cases where insensibility remains after hysterical convulsions, I have found chloroform applied clear, to the pit of the stomach, act almost instantaneously in arousing the patient. I drop a few drops on the part and apply the warm hand immediately over it, which increases the severity of the counter-irritation."

In speaking of *Arnica montana* as a local anæsthetic, he says: "Two centuries ago, according to Lewis, arnica, in the form of both tincture and decoction, was a very favorite domestic remedy in Germany for bruises, sprains, &c., and obtained the name of *lapsorum panacea*." On the homœopathic use of tincture of arnica as a local anæsthetic, our author has the following:—

"*Arnica as a Local Anæsthetic—Homœopathic consistency.*—The re-introduction of arnica is one of the 'small favors' extorted from homœopathy by its *crying* adherents, and it appears like similar favors to be 'thankfully received.' No objection! certainly not! But properly to estimate the magnitude of the boon it should be known that it was obtained in direct opposition to one of Hahnemann's aphorisms, which reads thus: "*It is not proper, either in acute local affections of recent origin, or in those which have already existed a long time, to make any topical application whatever to the diseased part, not even a substance which would be homœopathic or specific if taken internally.*" Verily consistency is a jewel, arnica, cataplasms, and our homœopathic friends to the contrary notwithstanding."

In severe nervous headaches, Dr. Blatchford has found that the inhalation of a few drops of chloroform (say twenty or twenty-five at a time) on a pocket-handkerchief, affords very satisfactory relief, sometimes almost instantaneous, and that without carrying it to the point of insensibility, and he has never seen any evil result from its use in these cases.

Dr. Blatchford copies the following from Dr. Syme, of Edinburgh, from the *London Lancet* of March, 1855. It gives the Edinburgh plan of administering chloroform.

"*Plan of administering Chloroform in Edinburgh.*—With respect to the patients," says the Doctor, "it appears that great care is taken in London to use chloroform only in persons free from chest affections, especially cardiac derangements. Here we never ask any questions as to the state of the heart or constitution of the patients. In all cases where chloroform is required for an operation it is freely given." Again: "In London it is given according to rule; here according to principle. There great attention is paid to the number of drachms or minims employed; here we are entirely regardless of the amount used, and are guided only by the symptoms of the patient. The points that we consider of the greatest importance in the administration of chloroform are—first, a free admixture of air with the vapor of the chloroform." "Secondly, the more rapidly it can be given the better, till the effect is produced, and hence we never stint the quantity of chloroform. Then—and this is a most important point—we are guided as to the effect, not by the circulation, but entirely by the respiration. You never see anybody here with his finger on the pulse while chloroform is given. So soon as the breathing becomes stertorous we cease the administration." "Attention to the tongue is another point which we find of great consequence. When respiration becomes difficult or ceases, we open the mouth, seize the tip of the tongue with artery-forceps and pull it well forward, and there can be little doubt that death would have occurred in some instances if it had not been for this expedient. We also always give the chloroform in the horizontal position, and take care that there is no article of clothing constricting the neck." Again: "We use no apparatus whatever, take the respiration for our guide, attend to the condition of the tongue, and never continue beyond the point when the patient is fully under the influence of the anæsthetic."

Dr. Blatchford concludes his report by giving valuable extracts from communications he had received from Drs. C. A. Pope, Willard Parker, and Isaac Wood on the subject.

Dr. Howard Townsend, of Albany, contributes an interesting and instructive paper on *Malignant Pustule and Scrofulous Gangrene.*

Dr. Thomas Goodsell, an octogenarian observer, read, "in a clear, distinct voice, and without the use of glasses," a paper on *Fœtation, from Coition to*

Parturition, in the course of which he mentions the following singular case of anomalous development:—

"*Singular case of Anomalous Fœtal Development.*—We recently attended an accouchement where a living normal female child was born, to the coccygis of which was appended by a peduncle a huge sac of eighteen inches transverse circumference by twenty-five inches longitudinal circumference (actual measure), completely covered by the continuous fair skin of the otherwise normal infant.

For reasons we did not then separate the sac from the child, which breathed freely, cried feebly, and swallowed readily; we left, and returned twenty-four hours afterwards; the child expired just as we entered the house; we immediately separated the peduncular connection between the infantile coccygis and the sac, in doing which, we were critically observant, to ascertain whether there were any considerable bloodvessels leading from the infant to the sac, the fear of which was the prominent *reason* for delaying the separation, but no trace of bloodvessel was discovered. Upon examination, the sac gave evidence to the touch, that its lower portion contained a fluid, as did its upper half of containing a semi-solid, we hastened to puncture said lower portion, and drew off a quart (by measure) of venous colored blood, perfectly fluid; we then instantly laid open the entire sac, from bottom to top; that portion of saccular skin which enveloped the quart of blood was much attenuated, whilst that which contained the semi-solid was more thick and firm in itself, and was besides lined throughout with a spongoid membrane, of the thickness of tanned deer-skin, the entire inner surface of which was studded over with erected villi about as thick set as the beard on a man's face, and as long as that would be of three days' growth; on this villous surface we perceived undulatory like motion, which we attributed to reflexion or refraction of light, but on closer and more minute examination and inspection, we saw a blood globule emerge from a villous point, where it remained but for a moment, when it was pushed off by the emergence of another globule, and slid down the slender body of the villum and disappeared; after a like occupancy this second globule followed the first, and after a like time a third appeared and went, and so on; so distracted were we with wonderment that it was some time before the legitimate thought flashed upon our mind, that these erected villi were and could be nothing else but the exhalants from the capillary cells of the spongoid lining of the upper portion of the sac; recovering from our amazement only (as it proved) to be still more astonished, we left the sac to explore the semi-solid mass which it has just contained.

This mass to the eye resembled a huge coagulum, not so to the feel; on making a slight longitudinal incision into what we call the lower part of the mass, and thence upwards, we opened into a quasi apartment, in a state of collapse, but non-adherent; on laying back the incised wall thereof, there presented to our view a beautiful portion of perfectly formed intestine of about the diameter of an ordinary sized cigar, fully distended and handsomely convoluted, which if straightened out would probably have been eight or nine inches long; we passed a finger under it and cut it through transversely, found it filled with an oleaginous or albuminous material of the color and consistence of honey on a cold day; around and between the convolutions we observed several small distinct and similar bodies, which, on examination, proved to be in shape, proportions and color, perfect livers; there were seven of them; their size was that of Lima beans; as nothing further presented here, we passed the knife a little deeper and considerably higher up, in the doing of which we opened into another of these mock departments, in a state of non-adherent collapse, like the last; the first object which presented here was, in point of size, shape, color, and proportions, a fœtal heart, attached only at its base, and that to the upper part of the room of its accommodation;

although the heart showed no auricles, we presumed it possessed ventricles, to examine which we laid it open from apex to base; on laying back the incised walls we found that we had barely cut through an envelop, of the thickness of thin sole leather, which envelop contained another heart, a perfect semblance of the outer one, completely filling, without adherence, the envelop; this second heart we opened also, and it contained a third heart, as perfect to appearance as either of the other two; in this apartment we also found six nodular bones, imbedded promiscuously in the semi-solid walls, all similar in shape, color, and of the size of sparrow's eggs. We now laid open the mass to its base; in doing this we opened into a third quasi apartment, in the same collapsed, non-adherent condition as the others; the only object that presented here was a fœtal head, of two and a half inches diameter, fore and aft, by two inches transverse, covered with a delicate white skin, the crown thereof downwards; on raising the head a little for better inspection, there presented a well formed os frontis, with superciliary ridges, eye sockets, one of which contained an eye, that protruded abnormally, distending the eyelids too widely, and the globe itself was strabismally inclined toward the nose, the sclerotica and iris, as well as the pupil were natural as to relative size and proportions, but the pupil was as white and hard as pearl; the nose exhibited a proportionate length, destitute of nostrils; just below the nose and a little to the left projected an incisor tooth, beautifully enamelled, with serrated edge, but wrong end upwards, and wrong side outwards; at an appropriate distance below the nose, was a deep fissure, transverse, as if for a mouth, with a beautifully prominent and handsomely curled upper lip, but no corresponding lower lip, although the lower part of the fissure was rather elevated, yet not covered with skin like the upper one; no chin, no cavity or mouth, and no distinguishable lower jaw bone; the ear on the side with the eye was perfect; the eye socket on the opposite side had no eye; fissure for eyelid normal; no ear, but a depression on the temporal bone; for meatus in front of each ear, at the appropriate place stood a beautiful pair of whiskers, of a beautiful auburn color, and an inch long; neck it had none; all below the occiput was merged in the unorganized mass.

We now laid open the scalp of this fœtal head, from frontis to occiput; so abnormal was the fontanelle, that we had no occasion to disturb the cranial bones to examine the brain. Dura and pia maters, all right; the cerebrum presented a handsomely convoluted surface; in cutting vertically through it, showed distinctively the cortical and medullary portions; if there were ventricles, they were too minute to be recognized. We now laid aside the knife, and passed a finger down into the cerebellum; found both the brain, and the bony cavity of its accommodation, all gathering to form and conduct the medulla oblongata to its final destination, when suddenly, all organization in that direction ceased, and all was merged into the crude semi-solid mass.

Thus ends the narration of this anomalous case, in which we have taken too deep an interest to be willing to see it degraded by associating it with ordinary monstrosities."

Dr. James L. Phelps cites a case of reduction of a dislocated thigh by Dr. Physick in the Pennsylvania Hospital on the 7th of January, 1811, on the plan claimed by Dr. Reid, of Rochester, to be original with him.

The proceedings of the *South Carolina Medical Association* are full of interest. At the extra meeting held at Greenwood, Abbeville District, on the 18th of July, 1855, Dr. J. P. Barratt, of Abbeville, read an interesting paper on the objects of medical association. The President read an essay on Epidemic Dysentery prepared by Dr. A. S. Salley, of Orangeburgh. In the treatment of the disease Dr. Salley opposes the general use of the lancet and of the mercurial preparations, and extols the saline treatment. He says:—

"*Treatment of Epidemic Dysentery.*—The most successful treatment pursued by myself and most of the physicians in my neighborhood, is the saline purgatives in very minute quantities; the sulph. soda is generally preferred, though not exclusively. In mild cases, sulph. soda ʒj, tinct. opii fʒj, in six ounces of water: a tablespoonful every third hour, is a very good prescription. The super tart. pot., in ten grain doses, with one drachm of tinct. opii camph. is very much such a formula as the first, and equally efficacious. I have used, more than anything else, a powder made by substituting the sulph. soda for the sulph. pot. in the old Dover's powder, and adding two drachms of prepared chalk; the dose is from five to ten grains.

At the suggestion of my friend, Dr. Thomas A. Elliott, of Orangeburgh Court House, I have used this season the super tart. pot., with opium and ipecac; ten grains of the former, with half a grain of the latter ingredients. This is an admirable combination, both from its efficacy and its convenience, and may be safely relied upon in the first stage of a large proportion of the cases we have to treat.

Another powerful remedy, first recommended by Dr. Armstrong, of London, is the powdered nux vomica; but without proper discrimination on the part of the physician, he is constantly liable to disappointment by it. I first prescribed it in 1852, and was very much gratified at the result of my experiment. In the first half dozen cases in which I used it, it exceeded my most sanguine expectations; the first dose relieving the patient of much pain and soreness over the abdomen, and diminishing the urgency of the tenesmus and the frequency of the stools. It was prescribed in seven grain doses, three times a day. But again I was doomed to disappointment; for in the very next cases, in a different locality, my favorite remedy, my almost specific, proved to be perfectly worthless.

I still think it a very valuable remedy; and with proper discrimination will seldom disappoint the practitioner. The indications for its employment are to be derived entirely from an inspection of the stools. I think I can tell when it is indicated, but do not know that I can convey the necessary information to a second person. I may approximate it, however, so as to assist him in making the necessary observations for himself.

I would not recommend it when the stools are all blood, or mucus, or blood suspended in serum; but I have great confidence in it, when they are composed of blood and mucus intimately mixed, or of mucus alone. These kinds of stools are always accompanied with a great deal of tenesmus and pain.

The oil of turpentine is a very efficacious remedy in certain cases, particularly where there is much fluid blood discharged. I prescribed it in combination with spts. of nitre and morph. thus: ℞.—Ol. terebinth., sp. æth. nit., ää fʒij; morph. sulph. gr. i, in six ounces of mucilage; dose, a tablespoonful every third hour."

Dr. Bailey, of Charleston, read an essay on *Medical Faith*, which contains many solemn truths, and many useful hints. We can see no reason why the secretary should characterize it as an *amusing* essay. The following extract contains some very good suggestions, and will give our readers some idea of the object of the essay:—

"*The Mysterious in Medicine.*—I have sometimes thought, that had we a system of hieroglyphics, or something resembling the chemical signs, or the symbols of Masonry, *known to the profession only*, it might confer a degree of dignity and importance on our calling, which, at the present time, appears to be wanting. Prescribing *verbally*, or writing our prescriptions in familiar language, or, as it is sometimes called, the 'vulgar,' or 'mother tongue;' or the preparing of medicines by the laity; more particularly by females, servants, or negroes, have all a tendency, more or less, to depreciate the

effects of remedies. I believe also that the presence of by-standers, or spectators, witnessing the preparation of medicines in the office of the physician, may be prejudicial; and I once heard a person remark, that after seeing several patients supplied, he observed that the doctor used one red bottle for the whole of them. If there is any analogy between Pharmacy and the culinary department, and we could behold what is going on in the latter, we should often look upon the products with loathing or disgust. The manner in which medicines are prepared, and their reception by the patient, is not to be looked upon with indifference; hence, the gilded pill of the last century, and the homœopathic globules of the present day, impart a degree of mysterious importance, which may exert an influence on the patient. In certain portions of the country, where there are no drug stores, and necessity becoming the mother of invention, I have sometimes been obliged to have recourse to tumblers, or wine-glasses, as substitutes for phials; the mere utensil can, of course, have no effect as to the intrinsic value of the remedy; but, for the reasons stated, such means ought, as far as possible, to be avoided."

At the annual meeting held at Charleston, February 6, 1856, Dr. Robert Lebby reported a case of Rupture of the Bladder, and a case of Tubal Pregnancy, with rupture of right Fallopian Tube. An oration was delivered before the Association by Dr. Miles, and several other papers were read on different subjects. A resolution was offered that the corresponding secretary be requested to present a copy of the printed *Transactions* to each State Medical Society, and request an exchange of favors of this kind. This is a very good idea, and we would be glad to see it carried out.

We are indebted to the kind attentions of Dr. E. K. Webster, of Boscawen, for a copy of the *Transactions of the New Hampshire Medical Society* for 1854 and 1855. The meeting of last year seems to have been a spirited one. The annual address was delivered by the President, Dr. John S. Fernald. His address was historical, as was that also read by Dr. A. H. Robinson. Both gentlemen ride over the field of medical history from "*a to izzard*," in first-rate style. In a brief review of the early history of the State Medical Society (then in its sixty-fifth year), Dr. Fernald renders a just tribute to the memory of its founders, whose self-sacrificing devotion to the cause of medical progress led them to travel on horseback from the seaboard, and from the valleys and mountains of the interior, to meet at Concord. The medical men of the present day do not sufficiently consider the sacrifices their fathers made for their love of the interests of medical science. The time, trouble, and expense now required to attend upon the annual sessions of our national Medical Association from almost any State, is scarcely greater than was required to attend upon the sessions of State Societies sixty years ago. Let us not fall behind our fathers in our devotion to the cause of medical progress! In speaking of the medical errors of former times, Dr. Fernald has the following:—

"*Medical Errors.*—'The evils that men do, live after them.' Many of the popular medical errors of the day, if not all of them, have had their birth within the ranks of the profession. They were hypothetical theories, which had exploded and were rejected, and their deaths duly recorded, but their ghosts have continued to annoy the members of the profession, and will not, like the ghost of Banquo, 'down at their bidding.'"

We might quote some very instructive passages from the dissertation of Dr. Robinson, did space permit, but we must pass on to a very brief notice of the remainder of these *Transactions*. Dr. W. P. Stone read a dissertation on *Fracture*, not for the purpose of presenting anything new, but for the applicability to the subject of the saying "line upon line, precept upon precept, here a little and there a little." We must content ourselves with calling attention to the following brief quotation as corroborative of some remarks we made in a recent number on the same subject:—

"*Who are Surgeons?*—Surgeons, particularly those commencing practice, oftentimes provide themselves with adjusters and splints made of neatly carved wood, elegantly varnished and ornamented with polished steel and brass, and other paraphernalia, which may be offered them for the treatment of fractures. All these things have their use. Spread them out to the wondering gaze of the admiring crowd; their inference is, if the owner has sufficient knowledge to apply them, he is well qualified to undertake the treatment of any case, however severe or intricate.

A man to be a good surgeon must be a mechanic; he must have some mechanical ingenuity; he must be able to take the plane and the saw in hand, and make himself an apparatus, should an occasion occur suited to the case. No matter if he cannot find in the books any authority for the particular kind of apparatus which he himself may get up; yet, if he takes for his motto, *minister naturæ et interpres est*, and follow its teachings, he will be successful in his practice."

In a Report on Scarlatina, Dr. Wm. H. H. Mason calls attention to the prophylactic effects of belladonna in the disease. He thinks it worthy of the attention of the profession.—

"*Belladonna as a Prophylactic in Scarlet Fever.*—There can be no rational explanation of its *modus operandi* other than by the peculiar eruptive disease which it produces. It would then come under the same pathological law by which the vaccine virus governs smallpox. The manner of administering it is to dissolve three or four grains in one ounce of distilled water, of which from six to twenty drops may be given three times a day to the patient. Its tendency is, to prevent the disease, or modify it essentially. And if it will do no more than change *scarlatina maligna* to its simple form, it forces itself upon the consideration of every practitioner."

*** We have received from the publishers Dewitt & Davenport, New York, a copy of a work on Sterility, by A. K. Gardner, M. D., but too late for extended notice this month. It will receive our attention next month.

We have also on hand, a number of Statistical Works which we hope to be able to notice in our next.

EDITORIAL CORRESPONDENCE.

New York Hospital.

New York, June, 1856.

Mr. Editor: The governors of the New York Hospital have filled the vacancy in the Surgical Staff of that institution, occasioned by the resignation of Dr. J. C. Cheeseman, by the appointment of Prof. Willard Parker. Except to the disappointed aspirants for the place (and I use the term in no

disparaging sense, for the ambition for such a distinction is highly honorable), general satisfaction will follow this selection. Dr. Parker has been, for some years, one of the surgeons of the Bellevue Hospital, a post which he will doubtless now resign. With an extensive private practice, his professorship in the College of Physicians and Surgeons, his clinical lectures, and his hospital duties, he must have an amount of labor, both physical and mental to perform, which none but a thorough "*wide awake*" could possibly accomplish.

The Medical and Surgical Staff of the New York Hospital is again full, and consists of the following:—

Physicians.	*Surgeons.*
Joseph M. Smith, M. D.	Gurdon Buck, M. D.
John H. Griscom, M. D.	John Watson, M. D.
Henry D. Bulkley, M. D.	Wm. H. Van Buren, M. D.
Thos. F. Cock, M. D.	Thaddeus M. Halstead, M. D.
	Thos. M. Markoe, M. D.
	Willard Parker, M. D.

These gentlemen form an efficient and harmonious body, devoting no small portion of their talents and time to the service of the sick in the institution which is honored by their connection with it. Its organization is a very happy one, and the liberal spirit by which it is governed and conducted renders it one of the most pleasant places of professional resort in the city. Two new features in its professional arrangements have very recently been adopted, under the suggestion of the medical board, which display a high degree of public spirit, on the part of both the professional staff, and the lay board of governors. The first is, that the appointment of Walkers and Resident Physicians and Surgeons, which was formerly one of the *privileges* which the staff exercised in rotation, and from which source personal benefit was derived, has now been thrown open to general competition, for which any medical student, of a certain degree of advancement, may enter the lists. There will be three vacancies (one medical and two surgical), to be filled every eight months, the whole term of service of each of the three departments having been reduced from three years to two years, being eight months in each grade of Junior Walker, Senior Walker, and Resident.

The other change alluded to is the throwing open of the practice of the house to the observation of medical students, without charge, except a small fee from those who may desire the use of the well-furnished and ample library.

The next step for the advancement of the usefulness of the Hospital, must be the organization of a course of regular clinical instruction, and the adoption of a systematic mode of reporting the progress and results of its medical and surgical practice. About 4,000 patients are annually received within its walls; full notes are taken of every case; *post-mortem* results are freely obtainable; and there must necessarily exist, and be continually accruing, a vast amount of valuable experience, which should not be confined to the hospital records, or be the exclusive property of the gentlemen immediately concerned, all-worthy though they are.

As evidence of the useful results which would flow from systematic reports of the practice of this, as well as of every other similar institution, I am pleased to be able to publish through your journal the following:—

Table of the Cases of Acute Rheumatism, treated by the Alkaline Method, in the New York Hospital, in 1855 *and* 1856, *during the service of John H. Griscom, M. D., Attending Physician.*

No.	Sex.	Age.	Duration of disease before admission.	Complication.	Reaction of Secretions.	Period of Alkalinity after admission.	Whole duration of attack.	Duration of treatment.	Result.
1	F.	18	1 week.	None.	Acid.	8 days.	15 days.	8 days.	Cured.
2	F.	15	6 days.	Aortic valves.	do.	11 days.	3 weeks.	2 weeks.	do.
3	M.	24	4 days.	None.	do.	3 weeks.	5 weeks.	24 days.	do.
4	M.	19	3 days.	do.	do.	4 days.	10 days.	7 days.	do.
5	F.	18	3 days.	do.	do.	1 week.	18 days.	15 days.	do.
6	M.	27	8 days.	do.	do.	3 days.	3 weeks.	14 days.	do.
7	M.	24	5 days.	do.	do.	1 week.	20 days.	15 days.	do.
8	M.	29	3 weeks.	do.	do.	?	33 days.	5 days.	do.
9	M.	23	4 days.	do.	do.	5 days.	2 weeks.	10 days.	do.
10	M.	28	1 week.	Severe pericarditis.	do.	?	4 weeks.	3 weeks.	do.
11	F.	30	1 week.	Tumultuous action of heart.	do.	3 days.	17 days.	10 days.	do.
12	F.	26	2 weeks.	None.	do.	4 days.	3 weeks.	1 week.	do.
13	M.	27	1 week.	do.	do.	4 days.	3 weeks.	2 weeks.	do.
14	M.	28	4 days.	do.	do.	?	?	?	do.
15	F.	15	3 days.	do.	do.	7 days.	10 days.	7 days.	do.
16	M.	25	4 days.	do.	do.	Acidity diminish'd in 2 days: Alkaline in 1 week.	2 weeks.	10 days.	do.
17	F.	19	8 days.	do.	do.	Two days, and corresponding improvement.	19 days.	2 weeks.	do.
18	M.	22	2 weeks.	do.	do.	2 days.	5 weeks.	3 weeks.	do.
19	M.	27	1 week.	do.	do.	5 days.	4 weeks.	do.[1]	do.
20	F.	24	2 weeks.	do.	do.	2 days.	3 weeks.	1 week.	do.
21	M.	34	1 week.	do.	do.	do.	do.	?	do.
22	F.	28	10 days.	do.	do.	do.	17 days.	1 week.	do.
23	F.	21	8 days.	do.	do.	do.	1 month.	2 weeks.	do.
24	F.	15	4 days.	do.	do.	1 week.	6 weeks.	4 weeks.[1]	do.
25	F.	24	4 days.	do.	do.	2 days.	17 days.	13 days.	do.
26	M.	22	4 days.	do.	do.	4 days.	10 days.	1 week.	do.

[1] This patient had frequent relapses.

Remarks.—"Almost immediately after admission, the sup. tart. pot. et soda was administered in doses of one drachm, repeated every hour, and an alkaline anodyne lotion of carb. potas. and tinct. opii applied locally over the swelled joints. This treatment was preceded by such alteratives and evacuants as each case appeared to require. As the urine became less acid, corresponding improvement in the symptoms was noticed; with the improvement the medicine was administered less frequently, say every two, three, or four hours. The urine after becoming alkaline, would sometimes exhibit an acid reaction again, with a return of the rheumatic pains. The perspiration was often acid on admission; the saliva rarely so; the tears, as far as tested in a few cases, always alkaline or neutral. It is remarkable that purgation rarely followed the use of the salt, though when it did, its action was restrained by the addition of a few drops of tinct. opii. When the pains were very severe at night, Pul. Doveri, or some other form of opiate was given.

It will be seen from the above table that the average time that the patients were under treatment, was about thirteen days, and that the whole duration of the attack averaged about twenty-one days. Under the most approved plans of treatment heretofore, the duration of a severe attack of acute rheumatism has rarely been less than six weeks. One of the most happy circumstances attending the alkaline treatment, is the freedom from cardiac and other complications, so frequent under ordinary circumstances. In not one instance recorded above was any complication noticed as occurring after the patient's admission to the ward. All of the three cases of cardiac complication alluded to, commenced before admission.

A similar happy experience has obtained, with this method of treatment, under the direction of the other members of the medical staff."

Instruction of Imbeciles.

If any class of beings claiming, by outward form, to belong to the genus *homo*, might be regarded as proving the old doctrine, that the human mind is at birth but a "blank sheet of paper," upon which all ideas are written by impressions through the external senses, surely idiots are of that class; and yet among the many wonderful inventions which men have sought out, is a means by which even the barren waste of idiocy is turned into a fruitful garden. Down in the lowest deep of its mental obscurity, the intelligence of the nineteenth century has discovered a feeble spark, which needs only the opening of the long closed avenues of light and air, to be developed into life and action. This has been done by patient and intelligent perseverance, through instrumentalities adapted to each individual case. The amount of patience and the degree of tact necessary to accomplish a task apparently so utterly forlorn and hopeless, can scarcely be conceived, though it can be readily understood how few they are in whom the qualifications for such a labor are to be found. Yet we have seen the drivelling, slobbering, fatuous idiot, in a few months brought to recognize his own humanity, and

taught not only to take care of his own person, but actually to labor for his own support, and even to calculate correctly and understandingly in arithmetic.

The establishment of "Institutes for Imbeciles" in Europe was not long in being followed in this country, and we can now doubtless claim an equal proficiency with transatlantic benevolence, in the relief of that unfortunate class from their mental darkness. Several institutions, chiefly under State authority, are now in successful operation, and more are needed, especially if it be true, as is stated on good authority, that the number of imbeciles is greater than the sum total of the blind, the deaf and dumb, and the insane.

I am led to these remarks from having learned the fact that a gentleman of several years' experience in this difficult and interesting art, Mr. James B. Richards, has recently made this city his home, and established in an excellent location, a private institution for the imbecile children of such parents as are unwilling to send them to a State institution. It behooves medical men especially to take an interest in all such labors, and I cordially commend this enterprise to the notice of your readers, as one eminently worthy and respectable.

Very truly, yours,

J. GOTHAM, Jr., M. D.

LETTER FROM PHILADELPHIA.

RESIGNATION OF DR. MUTTER.

PHILADELPHIA, June 20, 1856.

DEAR REPORTER: Dr. Thos. D. Mütter's many friends and admirers will, I am sure, learn with regret that he has resigned his Professorship in the Jefferson Medical College in this city, a post which he has filled with such signal ability for the last sixteen years, during which period he has contributed more perhaps than any other member of the Faculty to build up an enviable reputation for the school. This step he has been compelled to take, he says, in consequence of his health, which has been such of late as not to admit of his discharging the duties of his chair to *his own* satisfaction. For some winters past he has been overtaken in the midst of his course of lectures, by attacks of gout, an hereditary disease, which has made him old at an age when most men are in the prime of life, and which by its frequent recurrence has seriously impaired his usefulness as a teacher. All who are at all interested in the success of the medical schools of our city must feel great regret at the Doctor's resignation, and his friends must much more regret the cause which has brought it about; and yet none, not even his bitterest enemies (if he has such) can refrain from saying that he has acted in a manner very honorable to himself, as a high-toned and conscientious gentleman. He has relinquished an appointment which is no sinecure; for we learn from a source which we deem reliable, that the net earning of each chair in the school has amounted in the aggregate for the last seven years to the no small sum of thirty-six thousand dollars, and something over, and there are not a great many men to be found who would forego the repeating of such profits from conviction that they were not doing full justice to those

whose money they were receiving. Such, however, we believe has been the cause of the present change in the Faculty. None who have ever been in the Doctor's lecture-room, can think his resignation anything but uncalled-for; the crowded condition of that large amphitheatre, the enthusiasm and devotedness of the class have always offered the strongest evidences of the Doctor's popularity as a teacher, and we have been assured by many who have followed his course, that imperfect as it was sometimes rendered by interruption from indisposition, they would prefer it to the most complete course of instruction on the subject delivered in the country. We therefore think that too much praise cannot be rendered to this distinguished man for the highly honorable manner in which he retires from his chair. He has set an example which it would be well for all to follow. How much more graceful does it seem for a man to retire in the zenith of his glory from a post of such great responsibility than to be dragging along slipshod, each year falling more and more short of a just discharge of his duties to those whose money he is pocketing. But, alas! the conviction of shortcomings is slow in reaching some men's minds; indeed, as we increase in years the monitor within seems, in our profession particularly, to wane in his influence, and we grow better satisfied with ourselves and think that none could discharge our obligations as well as we do. A pocket heavily lined, and that too without much exertion, is too heavy a load for some to bear up against, the still soft voice within being drowned by the *almighty dollar*.

We hope that no one will attempt to construe our remarks into anything like an *innuendo* that the resignation we have recorded here, ought to have been made long since. It would indeed be hard to put any such construction on what we have said; on the contrary our remarks have been suggested by the contrast of Dr. Mütter's career with that of many other men who have held such posts long after they could have retired from them with honor to themselves and long after the many empty benches of the lecture-room, and the listlessness and inattention or the noisy behavior of those who remained, have afforded the most unmistakable evidences of the duty they owed themselves, their colleagues, and the class. It is indeed difficult to say who deserve most our sympathy under such circumstances, the rest of the faculty or the students. The latter, attracted by the distinguished abilities of some of the faculty, are induced to matriculate in a school, and are compelled to take the whole ticket in order to graduate at the end of their course of studies. Many before the winter is over, come, however, to the conclusion, that they have been mulcted of some fifteen or more dollars for which they have received no equivalent, and in their next winter matriculate in some other school where, it may be true they will not hear so much eloquence from some of the teachers, but where they will receive more thorough and practical knowledge, a better equivalent for their money. The rest of a faculty under such circumstances are, however, it seems to us, in a worse plight. They may be laboring faithfully in the discharge of their duties, and yet each year they find their classes diminishing, and their profits decreasing in consequence of the *incubus* that rests on the school, and they can scarcely be said to have any remedy to which they can resort without incur-

ring the odium of a portion of the community, but that of resigning themselves. They have but a choice as it were between suicide and starvation.

Many hold it that when a surgeon needs glasses to aid his vision in operating, he should relinquish that branch of his calling. It would be well for the profession if we had some such test for teachers to indicate when they should retire from their professional duties. But, alas! we have none, and consequently not only the profession and schools, but even the community at large are made to suffer by this defect from the want of more thorough and complete medical instruction.

We distinctly repudiate the idea of being personal in any of our remarks, or that they should be construed into anything like a covert assault upon any school or faculty, for there is scarcely a faculty in the Union, to which our remarks could not in some period of their history be as well applied as to another, and we believe that we are but re-echoing the sentiments of the whole profession on the subject who are in no otherwise interested in the medical schools than in the promotion of a better state of medical education.

APPOINTMENT OF DR. GROSS, OF KY.

The Faculty and Trustees of the Jefferson College have been fortunate in effecting so excellent an appointment to fill the chair made vacant by Dr. Mütter's resignation. Immediately after accepting the resignation, which we are sure they did with unfeigned regret, they unanimously elected Professor S. D. Gross of Louisville to the place. This gentleman, who has enjoyed such an extensive reputation, and who is throughout the country perhaps better known and more highly esteemed abroad than any other surgeon living in the United States, needs no guarantee that he will sustain the school in the reputation it has enjoyed of having the ablest and most eloquent teacher of surgery to be found in the Union. It was supposed at first that the appointment would not be accepted by Dr. Gross, from the fact that he had not long since declined being a candidate for a similar chair then vacant in another medical school of this city. But such a supposition has not proved to be correct. The appointment has been accepted, and the voice of the great surgeon of the far West will be heard next winter in the Halls of *his* Alma Mater, imparting to a host of eager students his knowledge of a Science, the elements of which he had there learned from his great master, McClellan.

DR. MÜTTER'S PROPOSITION TO THE COLLEGE OF PHYSICIANS.

A statement has appeared in the *Medical Examiner* for the present month (and which we presume to be made on good authority) to the effect that Dr. Mütter is about to give his cabinet of calculi, bones, wet and dry preparations, casts, models, and drawings to the College of Physicians, the oldest and most respected *Medical Society* in our city, and that he will bequeath the handsome sum of thirty thousand dollars to the same body, not only for the purpose of preserving and increasing the *Museum* but also with the view of endowing a lectureship of special surgical topics. The lecturer is to be appointed every third year, so as to afford different members of the College the opportunity of lecturing, if so disposed. Some of the daily papers in

copying the announcement from the *Examiner*, would make it appear that the gift is to be to the Jefferson College, but such is not the case, although it seems to us more natural for it to be so. That Institution has been the scene of his great triumphs as a teacher, and there the material from which he drew his lessons should remain as a lasting monument for his glory. Then there are a great many specimens in the collections which were obtained no doubt solely through his position in the school, and in resigning, it seems to us they should be given up as appurtenances of the chair. Then finally the Museum will be the source of much greater benefit to the profession at large when deposited in the school than in the Society, for it will be the means of instructing a larger number of students than will ever attend lectures delivered in the College of Physicians. This we certainly say with all honesty of purpose, for, belonging to this Society and having no connection with the school, we cannot be accused from what we have said, of being biased in our judgment.

Since the above was written a special meeting has been held by the College of Physicians at Dr. Mütter's request, and his propositions have been definitely laid before the Society in a written communication from him. The following is the substance of the communication, which has been referred to a special committee of five of the oldest and most respected members of the Society, to report at its next regular meeting in July.

Dr. Mütter proposes to give to the Society his whole collection, which he values at twenty thousand dollars, three years from this, when the Society must have ready for its reception a *fireproof* building, which besides the Museum room must have a lecture room in it. The Doctor has appointed as Trustees of the Museum three young members of the medical profession, one of whom only, is at present a member of the Society. These Trustees, besides seeing to the preservation and proper care of the collection, are to have charge of the thirty thousand dollars which the Doctor proposes leaving for the benefit of the Museum at his death. This sum they are to invest in well secured bonds, mortgages, &c., yielding six per cent. The interest they are to pay over semi-annually to the Society, to be disbursed in the following manner: Three hundred dollars per annum to the curator, two hundred per annum to the lecturer, to be appointed by the Society, and the balance to be devoted *exclusively* to increasing and preserving the Museum.

The Society must provide a janitor for the building, and the collection must be open for inspection on regular days and at fixed hours, when it shall be the curator's duty to be always present, and to furnish every facility to those who may desire to study it.

The lecturer, as before stated, is to hold his appointment for three years only, and is to charge, according to the determination of the Society, five or ten dollars for each ticket to his course. Gratuitous tickets for each course must be furnished to ten (10) poor students of regular medicine of good moral character. The donor reserves to himself at any future period, should he resume teaching, the right to use the collection for that purpose, promising to return each specimen removed by him immediately after he has used it. Finally, he requests that the Museum should bear the following title: "The

Pathological Museum of the Philadelphia College of Physicians, founded by Thomas Dent Mütter, M. D., LL. D."

This proffered gift and promised bequest evince a very great degree of liberality, but we fear the ability of the Society to accept them on the terms specified. It has not now the wherewithal to construct a building such as the Doctor requires it should. Its *building fund*, which has been accumulating for eight or ten years only, amounts thus far to a little over sixteen thousand dollars, and at its usual rate of increase will require more than three years to reach a sum sufficient to justify even the commencement of such a building, and the Society has no other resource that we know of that it can draw on for the purpose.

The report of the committee, and the action of the Society on the subject will be looked for with interest, and although we have already expressed our opinion in reference to the gift to the Society, we do not hesitate to say that we hope, that strenuous efforts will be made by that body to accept it.

PENNSYLVANIA STATE MEDICAL SOCIETY.

At the close of last month we had an interesting meeting of the State Medical Society in this city. The meeting was held in the Hall of the Department of Arts of the University of Pennsylvania, and was presided over with great dignity and impartiality by Dr. H. S. Carpenter, of Schuylkill County, who delivered an able address at the opening of the session on the importance of a thorough and systematic organization of the profession, and on the primary and most essential object of such an organization, the promotion of medical knowledge. There were between seventy and eighty delegates present, and very interesting reports were read from many of the county societies, containing valuable statistical facts in relation to the prevalence of disease in the various parts of the State. The most important matter, however, brought before the Society, it seems to us, was that embodied in a series of resolutions offered by Dr. Emerson in reference to the subject of vaccine virus. By these resolutions a committee was appointed to obtain *pure virus* from the original source, or recently obtained, for distribution among the members of the various county societies who may desire it, a charge to be made for such virus only sufficient to cover the expenses of its collection. The importance of a more general and reliable source of obtaining good virus, and the enactment of more stringent laws on the subject of cumpulsory vaccination have been demonstrated to our great sorrow in the past year in this city. It was formerly the custom for agents to be appointed in the various districts to collect the names of all children who were not protected by this means, and the vaccine physicians were required to give in their returns quarterly, to accord with the lists furnished by these agents. But in the last few years, our city fathers, occupied with railroad or other schemes, and seeking always to effect retrenchment of the city's expenses in the wrong place, have thought it proper to do away with these Agents and the consequence has been that the returns of the physicians have been very meagre, they having vaccinated only those for whom its protection was sought

voluntarily by the parents. To this state of things we have to attribute, we believe, in a great measure, the marked prevalence of Smallpox in our city last year. No less than 281 deaths were produced in our city by this disease alone, up to January last, and we doubt not but that an equal if not greater number of deaths occurred from this cause during the months of January, February, March and April of the present year, showing a frightful mortality, the result of a total want of protection from the disease in a large portion of our community. It is however true that physicians in general practice are also less careful now than formerly, in furnishing effectually this protection to their patients. It is too much the custom for them never to see the case after the insertion of the virus until they seek at the end of the second week for the crust, relying on the statement of the nurse or mother and the appearance of the scab, to determine whether the operation has been successful or not. Thus many a person has been pronounced thoroughly protected who has a short time after become the victim of genuine smallpox. This cannot but beget a distrust in the efficacy of the protection, and hence there are some in our community who will never have their children vaccinated. Then, again, there are others, who are led to believe it unnecessary, the Homœopathists declaring that their remedies can so readily, or so invariably cure smallpox, that there is no need of seeking to prevent its development. We believe that a stringent law, rigidly enforced, making vaccination compulsory in everybody within the limits of the State, would soon relieve us of the dread of an annual return of smallpox in our midst, and we should be glad to see Dr. Emerson's project carried out of establishing a source from which good reliable virus may always be obtained.

Yours truly,

ADAM FRIEND.

METEOROLOGY.

Meteorological Observations for May, made at the State Lunatic Asylum, Trenton, N. J. Latitude N. 40° 15′; Longitude E. 2° 12′ 51″.

The weather this month has been remarkably inconstant. Wind has prevailed one day or more from every point of the compass, but it has not blown more than 24 hours consecutively from any given point, with one exception, when it blew 48 hours from the N.

North wind has prevailed 9 days this month. This appears to be a great excess of N. wind when we consider how seldom the wind blows directly from either N. or S. except in passing these points. N. wind prevailed only 9 days during the whole of the year 1855. This prevalence of N. wind has tended to reduce the average temperature of the month to its low point, 57⅝°, which is 2½° lower than that of any May on record here.

There has been but little aqueous deposition, though vegetation has not yet suffered essentially. The cold rains have proved disastrous to corn, which has failed to "come" in a great measure, and in many places looks

yellow and stunted. Thlaspi and Ribes were in blossom on the 5th, Cornus and Potentilla on the 6th, Ranunculus on the 11th, and Veronica on the 15th, and subsequent flowers in their turn.

Some snow fell on the 8th and 30th, and a frost occurred on the night of the 30th.

Tabular View of Thermometrical and Barometrical Results.

		Maximum height.	Minimum height.	Mean height.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Therm'ter.	Sunrise,	28th; 63°.	6th; 37°.	48°.	24th; 76½°.	1st; 43°.	12th, and 23d; 32°.	1st; 3°.	19°.	57½.
	2 o'clock P. M.	24th; 89°.	1st; 44°.	67°.						
	Sunset,	24th; 79°.	1st; 41°.	58°.						
Barometer.	Sunrise,	1st, 6th, 14th; 30.10 in.	28th; 29.40 in.	29.76 in.			24th; .90 in.	0.5 days.	.10.	29.713 inches.
	2 o'clock P. M.	1st; 30.10 in.	28th; 29.30 in.	29.66 in.						
	Sunset,	1st, 13th, 14th; 30.10 in.	28th, 29th; 29.40 in.	29.72 in.						
Correspond. attached therm'ter.	Sunrise,	1st, 6th, 14th; 63°, 66°, 61°.	28th; 70°.	68°.			24th; 12°.		8°.	71°.
	2 o'clock P. M.	1st; 69°.	28th; 71°.	73°.						
	Sunset,	1st, 13th, 14th; 66°, 67°, 70°.	28th, 29th; 70°.	72°.						

Degree of Humidity, Saturation being 1000.

Hygrometer.	Sunrise.	17th; .971.								
	2 o'clock P. M.	2d and 3d; .939.	25th; .593 in.	.818 in.	28th; .924 in.	24th; .694 in.			.344 inch.	.644 inch.
			24th; .167 in.	.474 in.						
	Sunset,	1st; .977	11th; .388 in.	.641 in.						

Pluviometer.			Prevailing Winds.		
Date.	Inches.	Accompanying Winds.			
1st.	.90	N. E.	N. prevailed	9	days.
2d.	.50	N. E.	S. W. "	7	"
3d.	.02	N. E.	N. E. "	4	"
7th.	.30	S. E.	N. W. "	4	"
8th.	.07	N. E.	E. "	1	day.
10th.	.10	N.	S. E. "	1	"
28th.	.15	S. W.	S. "	1	"
29th.	.30	W.	W. "	1	"

Clear sky prevailed 18 days.

Whole amount of rain, 1.89 in.

The following table shows the relative temperature of May for the last eight years:—

Year.	Maxima.	Minima.	Media.
1849	82°	41°	60°
1850	80°	41°	60°
1851	87°	49°	64°
1852	86°	46°	63°
1853	88°	46°	66°
1854	84°	38°	65°
1855	88°	41°	63°
1856	89°	37°	58°

Average temperature of the last eight Mays was 62¼.

M. E. WINCHELL.

June 1st, 1856.

☞ We are wearing out our eyes in the service of our readers, and for this reason have not been able to furnish any editorial matter for this number. When we sent "copy" to the printers we regretted this, but since we have been reading the "proof," we think that the quantity and quality of the "matter" leaves no room for apology for lack of anything more.

We would call especial attention to the Original Communications and to the Editorial Correspondence in this number. We have been again compelled to add a few extra pages.

ERRATA.—We were unable to read a part of the proof of the last number closely. The following errors occurred in Dr. Lehlbach's translations:—

Page 284, line 19, instead of "sanandam" read *sanandum*.

" " 20, instead of "Lipsinc" read Lipsinc.

Page 286, line 23, read "spir. vin. q. s. ut solv." instead of "epis. vin. q. s. ut salv."

July 12 1856